

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
(42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:	I
COST REPORT CERTIFICATION	I	14-0164	I	FROM 4/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /	I
AND SETTLEMENT SUMMARY	I		I	TO 3/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:	I
					I	--FINAL 1-MCR CODE	I		I
					I	00 - # OF REOPENINGS	I		I

ELECTRONICALLY FILED COST REPORT

DATE: 8/19/2008 TIME 10:16

## PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

## CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
MEMORIAL HOSPITAL OF CARBONDALE 14-0164  
FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2007 AND ENDING 3/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Controller

TITLE

August 20, 2008

DATE

## PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	101,477	118,629	0	
9 RHC	0	0	39,460	0	
100 TOTAL	0	101,477	158,089	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 405 W. JACKSON ST.  
1.01 CITY: CARBONDALE

P.O. BOX:  
STATE: IL ZIP CODE: 62902-3988 COUNTY: JACKSON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0	1	2	2.01	3	V XVIII XIX
02.00 HOSPITAL	MEMORIAL HOSPITAL OF CARBONDALE	14-0164		7/ 1/1966	4 5 6
14.00 HOSPITAL-BASED RHC	WEST FRANKFORT FAMILY MEDICINE	14-3454		11/ 1/1999	N P N
					N O N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/ 1/2007 TO: 3/31/2008

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. 2 N

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N N 14

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? Y

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	Y		
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			0	
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/	/	
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3 4
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0	0.0000	0.0000
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)		%	Y/N	
28.03	STAFFING		0.00%		
28.04	RECRUITMENT		0.00%		
28.05	RETENTION		0.00%		
28.06	TRAINING		0.00%		
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)				
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).				
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II				
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?				

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N  
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
  
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?  
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.  
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y H124  
40.01 NAME: SO. ILL. HEALTHCARE FI/CONTRACTOR NAME NATIONAL GVMT. SVCS. FI/CONTRACTOR # 000131  
40.02 STREET: 1239 E. MAIN ST. P.O. BOX: 3988  
40.03 CITY: CARBONDALE STATE: IL ZIP CODE: 62902 3988  
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)  
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5
47.00 HOSPITAL	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH  
42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL  
EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN  
EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE  
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /  
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
PREMIUMS: 3,095,010  
PAID LOSSES: 0  
AND/OR SELF INSURANCE: 0  
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND  
GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS  
CONTAINED THEREIN. N  
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH  
42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N  
  
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT  
PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS  
IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN  
2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF  
OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE,  
THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.  
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2  
LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR  
SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0  
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0  
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0  
  
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N  
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER?  
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%  
FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS  
ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE  
10/1/2002. N  
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST  
REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS  
THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.  
412.424(d)(1)(ii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER  
1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD  
COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS  
OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0  
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.  
IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2  
"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N  
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW  
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

# MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00
62.01						0.00
62.02						0.00
62.03						0.00
62.04						0.00
62.05						0.00
62.06						0.00
62.07						0.00
62.08						0.00
62.09						0.00



PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	45,417,451		45,417,451	2,083,711.07	21.80	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B	394,635		394,635	25,655.18	15.38	
6 INTERNS & RESIDENTS (APPRVD)	969,738		969,738	43,032.00	22.54	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	174,608	-108,823	65,785	2,729.42	24.10	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	3,679,942		3,679,942	71,146.77	51.72	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	88,888		88,888	690.00	128.82	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	8,488,492		8,488,492	281,881.41	30.11	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	11,104,114		11,104,114			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	16,608		16,608			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)	99,621		99,621			CMS 339
20 INTERNS & RESIDENTS (APPRVD)	244,800		244,800			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	602,206		602,206	25,809.78	23.33	
22 ADMINISTRATIVE & GENERAL	2,541,930		2,541,930	84,498.05	30.08	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	1,245,305		1,245,305	55,119.61	22.59	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	25,805		25,805	2,651.86	9.73	
26 HOUSEKEEPING	734,437		734,437	70,499.65	10.42	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	909,287	-549,763	359,524	29,810.06	12.06	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		549,763	549,763	45,582.12	12.06	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,408,708	-65,785	1,342,923	54,443.65	24.67	
31 CENTRAL SERVICE AND SUPPLY	701,886		701,886	56,447.25	12.43	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	498,390		498,390	42,426.73	11.75	
34 SOCIAL SERVICE	106,185		106,185	4,328.57	24.53	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	44,053,078		44,053,078	2,015,023.89	21.86	
2 EXCLUDED AREA SALARIES	174,608	-108,823	65,785	2,729.42	24.10	
3 SUBTOTAL SALARIES	43,878,470	108,823	43,987,293	2,012,294.47	21.86	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	12,257,322		12,257,322	353,718.18	34.65	
5 SUBTOTAL WAGE-RELATED COSTS	11,104,114		11,104,114		25.24	
6 TOTAL	67,239,906	108,823	67,348,729	2,366,012.65	28.47	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	8,774,139	-65,785	8,708,354	471,617.33	18.46	

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 2553 KEN GRAY BLVD  
1.01 CITY: WEST FRANKFORT      STATE: IL      ZIP CODE: 62896      COUNTY: FRANKLIN  
2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

GRANT AWARD      DATE  
1      2

3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)      / /  
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)      / /  
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)      / /  
6 APPALACHIAN REGIONAL COMMISSION      / /  
7 LOOK-ALIKES      / /  
8 OTHER (SPECIFY)      / /

PHYSICIAN INFORMATION:

PHYSICIAN      BILLING  
NAME      NUMBER

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT TIPPY      236361  
9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT SCOTT      992902  
9.02 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT SMAGA      D16450  
9.03 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT GODDARD      236342  
9.04 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT J.HARTMAN      K14238  
9.05 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT R. HARTMAN      L90323  
9.06 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT HOLMES      389830  
9.07 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT GUNZEL      K37285  
9.08 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT MOORE-CONNELLEY      L90330  
9.09 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT MORTHLAND      K28317  
9.10 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT J. HUMPHREY      K39947  
9.11 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT A. HUMPHREY      K44875

PHYSICIAN      HOURS OF  
NAME      SUPERVISION

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER      N  
OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND  
THE OPERATING HOURS.)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
12 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			800	1700	800	1700	800	1700	800	1700	800	1700		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION).  
LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD?      N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN  
COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE  
WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR  
EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

15 PROVIDER NAME:      PROVIDER NUMBER:

	TITLE V	TITLE XVIII	TITLE XIX
16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN      Y	768	1,568	
COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.			

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS  
OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.      N



DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	10,406,332
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	49,650
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	828,176
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	11,284,158
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	51,719
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.369549
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	19,113
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	40,871,285

HOSPITAL UNCOMPENSATED CARE DATA

PREPARED 8/19/2008  
WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	15,103,943
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	5,561,541
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,055,262
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	15,123,056

I PROVIDER NO:

I PERIOD:

I PREPARED 8/19/2008

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I 14-0164

I FROM 4/ 1/2007

I WORKSHEET A

I

I TO 3/31/2008

I

COST CENTER		COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT				6,124	6,124
1.01	0101	OLD CAP REL COSTS-NEW BUILDING		7,846,747	7,846,747	-4,734,983	3,111,764
1.02	0102	OLD CAP REL COSTS-NEW ADDITION				45,655	45,655
1.03	0103	OLD CAP REL COSTS-1988 ADDITION				12,097	12,097
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				7,277	7,277
3.01	0301	NEW CAP REL COSTS-NEW BUILDING				2,232,224	2,232,224
3.02	0302	NEW CAP REL COSTS-NEW ADDITION				626,571	626,571
3.03	0303	NEW CAP REL COSTS-1988 ADDITION				28,187	28,187
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				4,766,855	4,766,855
5	0500	EMPLOYEE BENEFITS	602,206	14,120,582	14,722,788		14,722,788
6.01	0610	NONPATIENT TELEPHONES		225,501	225,501		225,501
6.02	0620	DATA PROCESSING					
6.03	0630	PURCHASING, RECEIVING AND STORES		107,056	107,056		107,056
6.04	0640	ADMITTING					
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	797,536	94,344	891,880		891,880
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	1,744,394	9,835,102	11,579,496	-99,543	11,479,953
7	0700	MAINTENANCE & REPAIRS	1,245,305	1,263,083	2,508,388		2,508,388
9	0900	LAUNDRY & LINEN SERVICE	25,805	697,930	723,735		723,735
10	1000	HOUSEKEEPING	734,437	617,228	1,351,665		1,351,665
11	1100	DIETARY	909,287	872,844	1,782,131	-1,077,492	704,639
12	1200	CAFETERIA				1,077,492	1,077,492
14	1400	NURSING ADMINISTRATION	1,408,708	181,740	1,590,448	-86,073	1,504,375
15	1500	CENTRAL SERVICES & SUPPLY	701,886	615,353	1,317,239	-7,287	1,309,952
17	1700	MEDICAL RECORDS & LIBRARY	498,390	94,457	592,847		592,847
18	1800	SOCIAL SERVICE	106,185	1,058	107,243		107,243
20	2000	NONPHYSICIAN ANESTHETISTS				1,690,137	1,690,137
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	969,738		969,738		969,738
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		380,789	380,789		380,789
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	8,849,062	3,613,578	12,462,640	-30,083	12,432,557
26	2600	INTENSIVE CARE UNIT	2,041,258	1,007,350	3,048,608	-24,190	3,024,418
30	2060	NEONATAL INTENSIVE CARE UNIT	1,331,436	513,783	1,845,219	-409	1,844,810
33	3300	NURSERY	232,530	224,111	456,641	-4,953	451,688
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	3,157,369	11,918,906	15,076,275	-5,275,142	9,801,133
37.01	3701	SAME DAY SURGERY	2,146,345	1,023,694	3,170,039	-3,170,039	
38	3800	RECOVERY ROOM	538,556	123,818	662,374	-1,142	661,232
39	3900	DELIVERY ROOM & LABOR ROOM	2,595,110	359,807	2,954,917	-12,277	2,942,640
40	4000	ANESTHESIOLOGY		2,216,448	2,216,448	-1,817,848	398,600
41	4100	RADIOLOGY-DIAGNOSTIC	1,951,595	1,452,335	3,403,930	-281,415	3,122,515
41.01	3440	MAMMOGRAPHY	392,418	136,461	528,879		528,879
41.02	3480	ONCOLOGY	817,322	712,077	1,529,399		1,529,399
41.03	3120	CARDIAC CATHETERIZATION LABORATORY	1,982,754	14,151,634	16,134,388	-1,403,605	14,730,783
43	4300	RADIOISOTOPE	343,415	791,890	1,135,305	-81,499	1,053,806
44	4400	LABORATORY	1,892,354	3,564,694	5,457,048	247,967	5,705,015
49	4900	RESPIRATORY THERAPY	1,058,278	239,409	1,297,687	-66,942	1,230,745
50	5000	PHYSICAL THERAPY	1,486,756	574,339	2,061,095		2,061,095
53	5300	ELECTROCARDIOLOGY	463,533	303,967	767,500	-143	767,357
54	5400	ELECTROENCEPHALOGRAPHY	48,270	23,542	71,812		71,812
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				10,440,656	10,440,656
56	5600	DRUGS CHARGED TO PATIENTS	1,466,165	4,459,983	5,926,148	63,929	5,990,077
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
61	6100	EMERGENCY	2,378,896	2,178,376	4,557,272	-15,702	4,541,570
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310	RURAL HEALTH CLINIC	325,544	1,087,560	1,413,104		1,413,104
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		5,188,767	5,188,767	-2,890,464	2,298,303
95		SUBTOTALS	45,242,843	92,820,343	138,063,186	163,940	138,227,126
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES		19,622	19,622		19,622
98.01	9801	FAMILY PRACTICE					
98.02	9802	REFERENCE LAB	174,608	75,405	250,013	-250,013	
98.03	9803	COMMUNITY HEALTH EDUCATION				86,073	86,073
101		TOTAL	45,417,451	92,915,370	138,332,821	-0-	138,332,821

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:

I 14-0164

I

I PERIOD:

I FROM 4/ 1/2007

I TO

3/31/2008

I PREPARED 8/19/2008

I WORKSHEET A

I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	20,074	26,198
1.01 0101	OLD CAP REL COSTS-NEW BUILDING	72,350	3,184,114
1.02 0102	OLD CAP REL COSTS-NEW ADDITION	275,348	321,003
1.03 0103	OLD CAP REL COSTS-1988 ADDITION	-754	11,343
2 0200	OLD CAP REL COSTS-MVBLE EQUIP	227,872	227,872
3 0300	NEW CAP REL COSTS-BLDG & FIXT	258,161	265,438
3.01 0301	NEW CAP REL COSTS-NEW BUILDING	397,525	2,629,749
3.02 0302	NEW CAP REL COSTS-NEW ADDITION	-424,591	201,980
3.03 0303	NEW CAP REL COSTS-1988 ADDITION	10,254	38,441
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	2,625,127	7,391,982
5 0500	EMPLOYEE BENEFITS	164,735	14,887,523
6.01 0610	NONPATIENT TELEPHONES	-42,873	182,628
6.02 0620	DATA PROCESSING	2,361,747	2,361,747
6.03 0630	PURCHASING, RECEIVING AND STORES	-26,490	80,566
6.04 0640	ADMITTING		
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	2,855,380	3,747,260
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	4,539,490	16,019,443
7 0700	MAINTENANCE & REPAIRS	-4,994	2,503,394
9 0900	LAUNDRY & LINEN SERVICE		723,735
10 1000	HOUSEKEEPING	-354	1,351,311
11 1100	DIETARY		704,639
12 1200	CAFETERIA	-566,814	510,678
14 1400	NURSING ADMINISTRATION		1,504,375
15 1500	CENTRAL SERVICES & SUPPLY		1,309,952
17 1700	MEDICAL RECORDS & LIBRARY	-92,111	500,736
18 1800	SOCIAL SERVICE		107,243
20 2000	NONPHYSICIAN ANESTHETISTS	-1,690,137	
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		969,738
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-35,567	345,222
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		12,432,557
26 2600	INTENSIVE CARE UNIT	-11,932	3,012,486
30 2060	NEONATAL INTENSIVE CARE UNIT	-399,778	1,445,032
33 3300	NURSERY		451,688
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-319,558	9,481,575
37.01 3701	SAME DAY SURGERY		
38 3800	RECOVERY ROOM	-25,568	635,664
39 3900	DELIVERY ROOM & LABOR ROOM		2,942,640
40 4000	ANESTHESIOLOGY		398,600
41 4100	RADIOLOGY-DIAGNOSTIC	-7,797	3,114,718
41.01 3440	MAMMOGRAPHY	-8,066	520,813
41.02 3480	ONCOLOGY	-90,440	1,438,959
41.03 3120	CARDIAC CATHETERIZATION LABORATORY	-23,165	14,707,618
43 4300	RADIOISOTOPE		1,053,806
44 4400	LABORATORY	-75,000	5,630,015
49 4900	RESPIRATORY THERAPY	-1,576	1,229,169
50 5000	PHYSICAL THERAPY	-15,746	2,045,349
53 5300	ELECTROCARDIOLOGY	-140,604	626,753
54 5400	ELECTROENCEPHALOGRAPHY	-8,000	63,812
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		10,440,656
56 5600	DRUGS CHARGED TO PATIENTS		5,990,077
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		
61 6100	EMERGENCY	-427,894	4,113,676
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RURAL HEALTH CLINIC		1,413,104
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-2,298,303	-0-
95	SUBTOTALS	7,069,951	145,297,077
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		19,622
98.01 9801	FAMILY PRACTICE		
98.02 9802	REFERENCE LAB		
98.03 9803	COMMUNITY HEALTH EDUCATION		86,073
101	TOTAL	7,069,951	145,402,772

## RECLASSIFICATIONS

 PROVIDER NO:  
140164

PERIOD:

 FROM 4/ 1/2007  
TO 3/31/2008

 PREPARED 8/19/2008  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
		1	2	3	4	5
1	DIETARY RECLASS	A	CAFETERIA	12	549,763	527,729
2	INSURANCE RECLASS	B	OLD CAP REL COSTS-BLDG & FIXT	1		1,185
3			OLD CAP REL COSTS-NEW BUILDING	1.01		10,480
4			OLD CAP REL COSTS-NEW ADDITION	1.02		1,881
5			OLD CAP REL COSTS-1988 ADDITION	1.03		390
6			NEW CAP REL COSTS-BLDG & FIXT	3		7,277
7			NEW CAP REL COSTS-NEW BUILDING	3.01		64,376
8			NEW CAP REL COSTS-NEW ADDITION	3.02		11,557
9			NEW CAP REL COSTS-1988 ADDITION	3.03		2,397
10	DEPRECIATION RECLASS	C	OLD CAP REL COSTS-NEW ADDITION	1.02		43,774
11			OLD CAP REL COSTS-1988 ADDITION	1.03		11,707
12			NEW CAP REL COSTS-NEW ADDITION	3.02		615,014
13			NEW CAP REL COSTS-1988 ADDITION	3.03		25,790
14			NEW CAP REL COSTS-MVBLE EQUIP	4		4,044,239
15			OLD CAP REL COSTS-BLDG & FIXT	1		4,939
16	SAME DAY SURGERY RECLASS	D	OPERATING ROOM	37	2,146,345	1,023,694
17	COMMUNITY EDUCATION RECLASS	E	COMMUNITY HEALTH EDUCATION	98.03	65,785	20,288
18	INTEREST RECLASS	F	NEW CAP REL COSTS-MVBLE EQUIP	4		722,616
19			NEW CAP REL COSTS-NEW BUILDING	3.01		2,167,848
20	CRNA RECLASS	G	NONPHYSICIAN ANESTHETISTS	20		1,690,137
21	REFERENCE LAB RECLASS	H	LABORATORY	44	174,608	75,405
22	MEDICAL SUPPLY RECLASS	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		10,440,656
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
1	NUTR PROD/IV SOL RECLASS	J	DRUGS CHARGED TO PATIENTS	56		63,929
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
36	TOTAL RECLASSIFICATIONS				2,936,501	21,577,308

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

## RECLASSIFICATIONS

PROVIDER NO:  
140164PERIOD:  
FROM 4/ 1/2007  
TO 3/31/2008PREPARED 8/19/2008  
WORKSHEET A-6

			DECREASE			A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 DIETARY RECLASS	A	DIETARY	11	549,763	527,729	
2 INSURANCE RECLASS	B	OTHER ADMINISTRATIVE AND GENERAL	6.06		99,543	9
3						9
4						9
5						9
6						9
7						9
8						9
9						9
10 DEPRECIATION RECLASS	C	OLD CAP REL COSTS-NEW BUILDING	1.01		4,745,463	9
11						9
12						9
13						9
14						9
15						9
16 SAME DAY SURGERY RECLASS	D	SAME DAY SURGERY	37.01	2,146,345	1,023,694	
17 COMMUNITY EDUCATION RECLASS	E	NURSING ADMINISTRATION	14	65,785	20,288	
18 INTEREST RECLASS	F	INTEREST EXPENSE	88		2,890,464	9
19						9
20 CRNA RECLASS	G	ANESTHESIOLOGY	40		1,690,137	
21 REFERENCE LAB RECLASS	H	REFERENCE LAB	98.02	174,608	75,405	
22 MEDICAL SUPPLY RECLASS	I	RESPIRATORY THERAPY	49		66,942	
23		CENTRAL SERVICES & SUPPLY	15		5,706	
24		ADULTS & PEDIATRICS	25		12,537	
25		INTENSIVE CARE UNIT	26		18,828	
26		OPERATING ROOM	37		8,435,428	
27		DELIVERY ROOM & LABOR ROOM	39		6,010	
28		ANESTHESIOLOGY	40		120,624	
29		RADIOLOGY-DIAGNOSTIC	41		280,723	
30		CARDIAC CATHETERIZATION LABORATORY	41.03		1,399,318	
31		EMERGENCY	61		10,370	
32		NURSERY	33		349	
33		RADIOISOTOPE	43		81,395	
34		LABORATORY	44		2,017	
35		NEONATAL INTENSIVE CARE UNIT	30		409	
1 NUTR PROD/IV SOL RECLASS	J	CENTRAL SERVICES & SUPPLY	15		1,581	
2		ADULTS & PEDIATRICS	25		17,546	
3		INTENSIVE CARE UNIT	26		5,362	
4		NURSERY	33		4,604	
5		OPERATING ROOM	37		9,753	
6		RECOVERY ROOM	38		1,142	
7		DELIVERY ROOM & LABOR ROOM	39		6,267	
8		ANESTHESIOLOGY	40		7,087	
9		RADIOLOGY-DIAGNOSTIC	41		692	
10		CARDIAC CATHETERIZATION LABORATORY	41.03		4,287	
11		RADIOISOTOPE	43		104	
12		LABORATORY	44		29	
13		ELECTROCARDIOLOGY	53		143	
14		EMERGENCY	61		5,332	
36 TOTAL RECLASSIFICATIONS				2,936,501	21,577,308	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	1,856,155					1,856,155	
2	LAND IMPROVEMENTS	957,116				14,986	942,130	
3	BUILDINGS & FIXTURE	7,980,472				20,968	7,959,504	
4	BUILDING IMPROVEMEN	8,487,900				15,314	8,472,586	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	1,591,048				395,248	1,195,800	
7	SUBTOTAL	20,872,691				446,516	20,426,175	
8	RECONCILING ITEMS							
9	TOTAL	20,872,691				446,516	20,426,175	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	820,410					820,410	
2	LAND IMPROVEMENTS	1,696,457	102,569		102,569		1,799,026	
3	BUILDINGS & FIXTURE	36,166,292	8,675,193		8,675,193	182,548	44,658,937	
4	BUILDING IMPROVEMEN	23,886,548	8,221,552		8,221,552	20,375	32,087,725	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	41,652,983	6,513,961		6,513,961	2,848,006	45,318,938	
7	SUBTOTAL	104,222,690	23,513,275		23,513,275	3,050,929	124,685,036	
8	RECONCILING ITEMS							
9	TOTAL	104,222,690	23,513,275		23,513,275	3,050,929	124,685,036	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
DESCRIPTION

		GROSS ASSETS	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS LEASES	FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
*									
1	OLD CAP REL COSTS-BL								
1 01	OLD CAP REL COSTS-NE								
1 02	OLD CAP REL COSTS-NE								
1 03	OLD CAP REL COSTS-19								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-NE								
3 02	NEW CAP REL COSTS-NE								
3 03	NEW CAP REL COSTS-19								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
	9	10	11	12	13	14	15
*							
1	OLD CAP REL COSTS-BL						26,198
1 01	OLD CAP REL COSTS-NE						3,184,114
1 02	OLD CAP REL COSTS-NE						321,003
1 03	OLD CAP REL COSTS-19						11,343
2	OLD CAP REL COSTS-MV						227,872
3	NEW CAP REL COSTS-BL						265,438
3 01	NEW CAP REL COSTS-NE						2,629,749
3 02	NEW CAP REL COSTS-NE						201,980
3 03	NEW CAP REL COSTS-19						38,441
4	NEW CAP REL COSTS-MV						7,391,982
5	TOTAL						14,298,120

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
	9	10	11	12	13	14	15
*							
1	OLD CAP REL COSTS-BL						
1 01	OLD CAP REL COSTS-NE	7,846,747					7,846,747
1 02	OLD CAP REL COSTS-NE						
1 03	OLD CAP REL COSTS-19						
2	OLD CAP REL COSTS-MV						
3	NEW CAP REL COSTS-BL						
3 01	NEW CAP REL COSTS-NE						
3 02	NEW CAP REL COSTS-NE						
3 03	NEW CAP REL COSTS-19						
4	NEW CAP REL COSTS-MV						
5	TOTAL	7,846,747					7,846,747

- \* All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.  
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.  
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).



ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,440,889				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	16,202,366				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-538,186	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-92,111	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES	B	-24,954	CAFETERIA		12	
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST	A	-1,690,137	NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**		52	
37 EMPLOYEE O/P PAYMENTS	B	-2,533,388	EMPLOYEE BENEFITS		5	
38 DEBT FORGIVENESS	A	-1,112,124	OTHER ADMINISTRATIVE AND		6.06	
39 TELEVISION AND RADIO SERVICE	A	-4,349	NEW CAP REL COSTS-MVBLE E		4	9
40 INTEREST INCOME UNRESTRICTED	B	-192,530	OTHER ADMINISTRATIVE AND		6.06	
41 LOSS ON 1994 BONDS	A	20,195	NEW CAP REL COSTS-BLDG &		3	9
42 LOSS ON 1994 BONDS	A	209,531	NEW CAP REL COSTS-NEW BUI		3.01	9
43 LOSS ON 1994 BONDS	A	10,254	NEW CAP REL COSTS-1988 AD		3.03	9
44 LOSS ON 1994 BONDS	A	205,830	NEW CAP REL COSTS-MVBLE E		4	9
45 AMORTIZATION OF MINNER CONSTRUCTION	A	-6,604	OLD CAP REL COSTS-NEW BUI		1.01	9
46 SIU REVENUE OFFSET	B	-8,572	I&R SERVICES-OTHER PRGM C		23	
47 MED DEPR ADJ	A	-754	OLD CAP REL COSTS-1988 AD		1.03	9
48 FUNDED DEPR ADJ	A	-9,839	OLD CAP REL COSTS-NEW BUI		1.01	9
49 BOND EXPENSE	A	-2,298,303	INTEREST EXPENSE		88	
49.01 MISCELLANEOUS INCOME	B	-1,650	OTHER ADMINISTRATIVE AND		6.06	
49.02 SALE OF XRAY SILVER/FILM	B	-3,773	RADIOLOGY-DIAGNOSTIC		41	
49.03 OFFSET LOBBYING EXPENSE	A	-20,407	OTHER ADMINISTRATIVE AND		6.06	
49.04 PURCHASE DISCOUNT	B	-26,490	PURCHASING, RECEIVING AND		6.03	
49.05 LOSS ON 1987 BONDS	A	20,074	OLD CAP REL COSTS-BLDG &		1	9
49.06 LOSS ON 1987 BONDS	A	74,165	OLD CAP REL COSTS-NEW BUI		1.01	9
49.07 LOSS ON 1987 BONDS	A	273,028	OLD CAP REL COSTS-NEW ADD		1.02	9
49.08 LOSS ON 1987 BONDS	A	127,169	OLD CAP REL COSTS-MVBLE E		2	9
49.09 LOSS ON 1991 BONDS	A	14,628	OLD CAP REL COSTS-NEW BUI		1.01	9
49.10 LOSS ON 1991 BONDS	A	2,320	OLD CAP REL COSTS-NEW ADD		1.02	9
49.11 LOSS ON 1991 BONDS	A	100,630	OLD CAP REL COSTS-MVBLE E		2	9
49.12 LOSS ON 1991 BONDS	A	198,839	NEW CAP REL COSTS-MVBLE E		4	9
49.13 LOSS ON 1991 BONDS	A	187,994	NEW CAP REL COSTS-NEW BUI		3.01	9
49.14 LEASEHOLD REVENUE	B	-3,674	CAFETERIA		12	
49.15 LEASEHOLD REVENUE	B	-1,500	MAMMOGRAPHY		41.01	
49.16 VENDING MACHINE INCOME	B	-354	HOUSEKEEPING		10	
49.17 CABLE TV	A	-17,690	NONPATIENT TELEPHONES		6.01	
49.18 CABLE TV	A	-810	I&R SERVICES-OTHER PRGM C		23	
49.19 PATIENT'S GUESTS LODGING EXPENSE	A	-61,996	OPERATING ROOM		37	
49.20 PATIENT'S GUESTS LODGING EXPENSE	A	-25,568	RECOVERY ROOM		38	
49.21 PATIENT'S GUESTS LODGING EXPENSE	A	-4,024	RADIOLOGY-DIAGNOSTIC		41	
49.22 BIO MED MAINTENANCE CONTRACTS	B	-4,994	MAINTENANCE & REPAIRS		7	
49.23 PATIENT'S GUESTS LODGING EXPENSE	A	-1,628	CARDIAC CATHETERIZATION L		41.03	
49.24 LEASEHOLD REVENUE	B	-424,591	NEW CAP REL COSTS-NEW ADD		3.02	9
49.25 TELEPHONE SERVICES	B	-25,183	NONPATIENT TELEPHONES		6.01	
50 TOTAL (SUM OF LINES 1 THRU 49)		7,069,951				

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.  
 (2) Basis for adjustment (see instructions).  
 A. Costs - if cost, including applicable overhead, can be determined.  
 B. Amount Received - if cost cannot be determined.  
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.  
 Note: See instructions for column 5 referencing to worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	50	PHYSICAL THERAPY RENT	87,293	103,039	-15,746	
2	23	I&R SERVICES-OTHER PRGM C RENT	119,425	145,610	-26,185	
3	2	OLD CAP REL COSTS-MVBLE E HOME OFFICE	73		73	9
4	3	NEW CAP REL COSTS-BLDG & HOME OFFICE	237,966		237,966	9
4.01	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE	2,224,807		2,224,807	9
4.02	5	EMPLOYEE BENEFITS HOME OFFICE	2,698,123		2,698,123	
4.03	6	2 DATA PROCESSING HOME OFFICE	2,361,747		2,361,747	
4.04	6	5 CASHIERING/ACCOUNTS RECEI HOME OFFICE	2,855,380		2,855,380	
4.05	6	6 OTHER ADMINISTRATIVE AND HOME OFFICE	5,866,201		5,866,201	
5		TOTALS	16,451,015	248,649	16,202,366	

\* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:  
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	SO. ILL. HOSP. SVCS.		100.00	
2	B	SO. ILL. HEALTHCARE ENTRP.		100.00	
3	B	HEALTH SVCS. OF SO. ILL.		100.00	
4	B	SIH CAYMAN SPC GROUP,LTD.		100.00	
5	B	SOUTHERN IL MEDICAL SVCS		100.00	

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
  - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
  - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
  - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
  - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
  - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
  - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 30	MIDWEST REGIONAL NEONATOL	458,167		458,167	159,800	760	58,389	2,919
2 44	SO. ILL. PATHOLOGY	125,000		125,000	208,000	500	50,000	2,500
3 61	LEGATUS	427,894	427,894					
4 26	DR. SCHUPP	21,458		21,458	159,800	124	9,526	476
5 37	SIU PHYSICIANS/SURGEONS	257,562	257,562					
6 41 2	DR. KAO/RYAN/ROSENOW	120,943	90,440	30,503	217,600	310	32,431	1,622
7 41 1	DR. PROHAZKA/MATTISON	26,652		26,652	217,600	192	20,086	1,004
8 53	PRAIRIE CARDIOVASCULAR	140,604	140,604					
9 54	ST. LOUIS UNIVERSITY	8,000	8,000					
10 41 3	PRAIRE CARDIOVASCULAR	24,675	18,588	6,087	217,600	30	3,138	157
11 49	DR. SCHUPP	4,188		4,188	159,800	34	2,612	131
12								
13								
14								
15								
16								
17								
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19								
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25								
26								
27								
28								
29								
30								
101	TOTAL	1,615,143	943,088	672,055		1,950	176,182	8,809

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 30	MIDWEST REGIONAL NEONATOL					58,389	399,778	399,778
2 44	SO. ILL. PATHOLOGY					50,000	75,000	75,000
3 61	LEGATUS							427,894
4 26	DR. SCHUPP					9,526	11,932	11,932
5 37	SIU PHYSICIANS/SURGEONS							257,562
6 41 2	DR. KAO/RYAN/ROSENOW					32,431		90,440
7 41 1	DR. PROHAZKA/MATTISON					20,086	6,566	6,566
8 53	PRAIRIE CARDIOVASCULAR							140,604
9 54	ST. LOUIS UNIVERSITY							8,000
10 41 3	PRAIRE CARDIOVASCULAR					3,138	2,949	21,537
11 49	DR. SCHUPP					2,612	1,576	1,576
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101	TOTAL					176,182	497,801	1,440,889

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTs-BLDG &	OLD CAP REL C OSTs-NEW BUI	OLD CAP REL C OSTs-NEW ADD	OLD CAP REL C OSTs-1988 AD	OLD CAP REL C OSTs-MVBLE E	NEW CAP REL C OSTs-BLDG &
		0	1	1.01	1.02	1.03	2	3
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &	26,198	26,198					
001	02 OLD CAP REL COSTS-NEW BUI	3,184,114		3,184,114				
001	03 OLD CAP REL COSTS-NEW ADD	321,003			321,003			
001	03 OLD CAP REL COSTS-1988 AD	11,343				11,343		
002	OLD CAP REL COSTS-MVBLE E	227,872					227,872	
003	NEW CAP REL COSTS-BLDG &	265,438						265,438
003	01 NEW CAP REL COSTS-NEW BUI	2,629,749						
003	02 NEW CAP REL COSTS-NEW ADD	201,980						
003	03 NEW CAP REL COSTS-1988 AD	38,441						
004	NEW CAP REL COSTS-MVBLE E	7,391,982						
005	EMPLOYEE BENEFITS	14,887,523	1,304					13,208
006	01 NONPATIENT TELEPHONES	182,628	106	10,402				1,071
006	02 DATA PROCESSING	2,361,747	96	6,161				971
006	03 PURCHASING, RECEIVING AND	80,566		3,956	15,389			
006	04 ADMITTING		2,187					22,158
006	05 CASHIERING/ACCOUNTS RECEI	3,747,260		20,384				
006	06 OTHER ADMINISTRATIVE AND	16,019,443	9,815	707,003	41,311			99,463
007	MAINTENANCE & REPAIRS	2,503,394	3,776	406,026	17,603	742	8,653	38,254
009	LAUNDRY & LINEN SERVICE	723,735			4,547			
010	HOUSEKEEPING	1,351,311	530	33,227				5,365
011	DIETARY	704,639	232		20,822		103,841	2,353
012	CAFETERIA	510,678		28,463	13,129			
014	NURSING ADMINISTRATION	1,504,375	5,579	6,969	3,141		102,398	56,528
015	CENTRAL SERVICES & SUPPLY	1,309,952		17,253	8,721			
017	MEDICAL RECORDS & LIBRARY	500,736		46,878				
018	SOCIAL SERVICE	107,243	268					2,714
020	NONPHYSICIAN ANESTHETISTS							
022	I&R SERVICES-SALARY & FRI	969,738						
023	I&R SERVICES-OTHER PRGM C	345,222						
025	ADULTS & PEDIATRICS	12,432,557		586,400	169,532			
026	INTENSIVE CARE UNIT	3,012,486			26,808			
030	NEONATAL INTENSIVE CARE U	1,445,032		31,863			12,980	
033	NURSERY	451,688		16,243				
037	ANCILLARY SRVC COST CNTRS							
037	01 OPERATING ROOM	9,481,575		340,970				
037	01 SAME DAY SURGERY							
038	RECOVERY ROOM	635,664		64,316				
039	DELIVERY ROOM & LABOR ROO	2,942,640		137,081				
040	ANESTHESIOLOGY	398,600		11,261				
041	RADIOLOGY-DIAGNOSTIC	3,114,718		198,081				
041	01 MAMMOGRAPHY	520,813						
041	02 ONCOLOGY	1,438,959	194			10,601		1,967
041	03 CARDIAC CATHETERIZATION L	14,707,618		130,769				
043	RADIOISOTOPE	1,053,806		30,247				
044	LABORATORY	5,630,015	318	82,983				3,224
049	RESPIRATORY THERAPY	1,229,169		27,537				
050	PHYSICAL THERAPY	2,045,349		45,262				
053	ELECTROCARDIOLOGY	626,753		26,595				
054	ELECTROENCEPHALOGRAPHY	63,812		14,913				
055	MEDICAL SUPPLIES CHARGED	10,440,656						
056	DRUGS CHARGED TO PATIENTS	5,990,077		31,544				
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
061	EMERGENCY	4,113,676		121,327				
062	OBSERVATION BEDS (NON-DIS							
063	50 RURAL HEALTH CLINIC	1,413,104						
063	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	145,297,077	24,405	3,184,114	321,003	11,343	227,872	247,276
095	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		1,793					18,162
098	PHYSICIANS' PRIVATE OFFIC	19,622						
098	01 FAMILY PRACTICE							
098	02 REFERENCE LAB							
098	03 COMMUNITY HEALTH EDUCATIO	86,073						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	145,402,772	26,198	3,184,114	321,003	11,343	227,872	265,438

Health Financial Systems		MCRIF32	FOR MEMORIAL HOSPITAL OF CARBONDALE		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD			
COST ALLOCATION - GENERAL SERVICE COSTS			I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/19/2008
			I	14-0164	I	FROM 4/ 1/2007	I	WORKSHEET B
			I		I	TO 3/31/2008	I	PART I
			NEW CAP REL C NEW CAP REL C NEW CAP REL C NEW CAP REL C		EMPLOYEE BENE NONPATIENT TE DATA PROCESSI			
COST CENTER		OSTS-NEW BUI	OSTS-NEW ADD	OSTS-1988 AD	OSTS-MVBLE E	FITS	LEPHONES	NG
DESCRIPTION		3.01	3.02	3.03	4	5	6.01	6.02
GENERAL SERVICE COST CNTR								
001	OLD CAP REL COSTS-BLDG &							
001	01 OLD CAP REL COSTS-NEW BUI							
001	02 OLD CAP REL COSTS-NEW ADD							
001	03 OLD CAP REL COSTS-1988 AD							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NEW BUI	2,629,749						
003	02 NEW CAP REL COSTS-NEW ADD		201,980					
003	03 NEW CAP REL COSTS-1988 AD			38,441				
004	NEW CAP REL COSTS-MVBLE E				7,391,982			
005	EMPLOYEE BENEFITS				2,677	14,904,712		
006	01 NONPATIENT TELEPHONES	8,591			53,089		255,887	
006	02 DATA PROCESSING	5,088					1,985	2,376,048
006	03 PURCHASING, RECEIVING AND	3,267	9,683				9,927	9,052
006	04 ADMITTING				13,732		3,750	
006	05 CASHIERING/ACCOUNTS RECEI	16,835				265,245	662	85,990
006	06 OTHER ADMINISTRATIVE AND	583,911	25,994		107,751	580,152	18,309	158,403
007	MAINTENANCE & REPAIRS	335,336	11,076	2,515	42,395	414,165	14,559	108,619
009	LAUNDRY & LINEN SERVICE		2,861			8,582	221	
010	HOUSEKEEPING	27,442			37,251	244,260	4,191	13,577
011	DIETARY		13,101		37,094	119,571	1,765	31,681
012	CAFETERIA	23,508	8,261			182,841	221	
014	NURSING ADMINISTRATION	5,755	1,976		153,249	446,631	6,838	104,094
015	CENTRAL SERVICES & SUPPLY	14,249	5,487		116,234	233,434		22,629
017	MEDICAL RECORDS & LIBRARY	38,716			14,544	165,755	11,471	104,094
018	SOCIAL SERVICE				53	35,315	1,544	4,526
020	NONPHYSICIAN ANESTHETISTS							
022	I&R SERVICES-SALARY & FRI					322,516		
023	I&R SERVICES-OTHER PRGM C							
025	ADULTS & PEDIATRICS	484,306	106,673		379,415	2,943,043	42,133	280,601
026	INTENSIVE CARE UNIT		16,868		180,985	678,884	5,515	40,732
030	NEONATAL INTENSIVE CARE U	26,316			107,946	442,810	3,088	58,835
033	NURSERY	13,415			18,209	77,335	221	
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	281,606			1,210,948	1,763,915	22,942	185,558
037	01 SAME DAY SURGERY							
038	RECOVERY ROOM	53,118				179,113	662	4,526
039	DELIVERY ROOM & LABOR ROO	113,215			170,099	863,084	7,059	176,506
040	ANESTHESIOLOGY	9,300			28,589		882	9,052
041	RADIOLOGY-DIAGNOSTIC	163,595			1,888,719	649,063	16,765	131,248
041	01 MAMMOGRAPHY				364,875	130,511	3,529	49,784
041	02 ONCOLOGY			35,926	779,131	271,826	4,191	85,990
041	03 CARDIAC CATHETERIZATION L	108,002			274,073	659,426	9,706	72,413
043	RADIOISOTOPE	24,981			323,208	114,213	1,985	4,526
044	LABORATORY	68,535			368,072	687,432	7,721	153,877
049	RESPIRATORY THERAPY	22,743			149,147	351,963	1,985	40,732
050	PHYSICAL THERAPY	37,382			33,083	494,467	7,059	81,465
053	ELECTROCARDIOLOGY	21,965			240,543	154,162	5,515	31,681
054	ELECTROENCEPHALOGRAPHY	12,317			14,683	16,054	441	4,526
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS	26,052			13,594	487,619	3,971	58,835
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
061	EMERGENCY	100,203			254,044	791,176	10,147	108,619
062	OBSERVATION BEDS (NON-DIS							
063	50 RURAL HEALTH CLINIC				14,550	108,270		135,774
063	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	2,629,749	201,980	38,441	7,391,982	14,882,833	230,960	2,357,945
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC						24,486	18,103
098	01 FAMILY PRACTICE						441	
098	02 REFERENCE LAB							
098	03 COMMUNITY HEALTH EDUCATIO					21,879		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,629,749	201,980	38,441	7,391,982	14,904,712	255,887	2,376,048



COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		10	11	12	14	15	17	18
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-NEW BUI							
001	03 OLD CAP REL COSTS-1988 AD							
002	02 OLD CAP REL COSTS-MVBLE E							
003	03 NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NEW BUI							
003	02 NEW CAP REL COSTS-NEW ADD							
003	03 NEW CAP REL COSTS-1988 AD							
004	04 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	2,022,466						
011	DIETARY	52,858	1,349,484					
012	CAFETERIA	50,993		1,036,958				
014	NURSING ADMINISTRATION	13,889		33,913	2,925,855			
015	CENTRAL SERVICES & SUPPLY	32,766		35,217		2,115,724		
017	MEDICAL RECORDS & LIBRARY	31,294		26,087			1,133,319	
018	SOCIAL SERVICE	2,450		2,609				183,820
020	NONPHYSICIAN ANESTHETISTS							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C			27,391				
025	ADULTS & PEDIATRICS	804,554	1,194,386	258,263	1,157,601	2,206	68,824	138,385
026	INTENSIVE CARE UNIT	65,319	155,098	53,478	239,554	3,313	12,555	17,970
030	NEONATAL INTENSIVE CARE U	21,271		27,391	124,966	72	15,833	11,991
033	NURSERY	10,844		5,217	22,311	102	6,990	15,474
037	ANCILLARY SRVC COST CNTRS							
037	01 OPERATING ROOM	227,624		122,609	547,431	1,484,303	143,414	
037	01 SAME DAY SURGERY							
038	RECOVERY ROOM	42,936		10,435	44,394	19	16,538	
039	DELIVERY ROOM & LABOR ROO	91,512		67,826	305,061	1,058	19,610	
040	ANESTHESIOLOGY	7,517				20,934	20,950	
041	RADIOLOGY-DIAGNOSTIC	132,235		58,696		49,396	116,687	
041	01 MAMMOGRAPHY					195	8,009	
041	02 ONCOLOGY	73,848		18,261		650	30,554	
041	03 CARDIAC CATHETERIZATION L	87,299		44,348	200,347	246,224	73,592	
043	RADIOISOTOPE	20,193		6,522		14,322	24,498	
044	LABORATORY	58,308		67,826		277,030	150,662	
049	RESPIRATORY THERAPY	18,383		28,696		11,779	21,394	
050	PHYSICAL THERAPY	30,216		37,826		72	21,651	
053	ELECTROCARDIOLOGY	17,754		13,043		257	39,383	
054	ELECTROENCEPHALOGRAPHY	9,956		1,304		100	930	
055	MEDICAL SUPPLIES CHARGED					1,867	222,631	
056	DRUGS CHARGED TO PATIENTS	21,058		27,391			79,145	
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
061	EMERGENCY	80,995		62,609	284,190	1,825	39,469	
062	OBSERVATION BEDS (NON-DIS							
063	50 RURAL HEALTH CLINIC							
063	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	2,006,072	1,349,484	1,036,958	2,925,855	2,115,724	1,133,319	183,820
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	16,394						
098	PHYSICIANS' PRIVATE OFFIC							
098	01 FAMILY PRACTICE							
098	02 REFERENCE LAB							
098	03 COMMUNITY HEALTH EDUCATIO							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,022,466	1,349,484	1,036,958	2,925,855	2,115,724	1,133,319	183,820



COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
	20	22	23	25	26	27
GENERAL SERVICE COST CNTR						
001 OLD CAP REL COSTS-BLDG &						
001 01 OLD CAP REL COSTS-NEW BUI						
001 02 OLD CAP REL COSTS-NEW ADD						
001 03 OLD CAP REL COSTS-1988 AD						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
003 01 NEW CAP REL COSTS-NEW BUI						
003 02 NEW CAP REL COSTS-NEW ADD						
003 03 NEW CAP REL COSTS-1988 AD						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING AND						
006 04 ADMITTING						
006 05 CASHIERING/ACCOUNTS RECEI						
006 06 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHETISTS						
022 I&R SERVICES-SALARY & FRI		1,478,910				
023 I&R SERVICES-OTHER PRGM C			422,478			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS		201,824	57,655	26,493,869	-259,479	26,234,390
026 INTENSIVE CARE UNIT				5,365,128		5,365,128
030 NEONATAL INTENSIVE CARE U		31,807	9,086	2,848,180	-40,893	2,807,287
033 NURSERY				851,789		851,789
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM		68,641	19,609	18,981,200	-88,250	18,892,950
037 01 SAME DAY SURGERY						
038 RECOVERY ROOM				1,348,593		1,348,593
039 DELIVERY ROOM & LABOR ROO				5,813,137		5,813,137
040 ANESTHESIOLOGY				686,953		686,953
041 RADIOLOGY-DIAGNOSTIC				8,182,516		8,182,516
041 01 MAMMOGRAPHY				1,265,675		1,265,675
041 02 ONCOLOGY				3,415,989		3,415,989
041 03 CARDIAC CATHETERIZATION L				19,433,553		19,433,553
043 RADIOISOTOPE				1,988,705		1,988,705
044 LABORATORY				9,329,497		9,329,497
049 RESPIRATORY THERAPY		22,812	6,517	2,327,361	-29,329	2,298,032
050 PHYSICAL THERAPY		29,307	8,372	3,423,209	-37,679	3,385,530
053 ELECTROCARDIOLOGY		68,770	19,645	1,629,662	-88,415	1,541,247
054 ELECTROENCEPHALOGRAPHY				182,355		182,355
055 MEDICAL SUPPLIES CHARGED				13,113,091		13,113,091
056 DRUGS CHARGED TO PATIENTS				8,075,290		8,075,290
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC						
061 EMERGENCY		52,634	15,036	7,174,826	-67,670	7,107,156
062 OBSERVATION BEDS (NON-DIS						
063 50 RURAL HEALTH CLINIC		197,339	56,374	2,167,013	-253,713	1,913,300
063 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS		673,134	192,294	144,097,591	-865,428	143,232,163
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				73,974		73,974
098 PHYSICIANS' PRIVATE OFFIC				71,197		71,197
098 01 FAMILY PRACTICE		805,776	230,184	1,036,465	-1,035,960	505
098 02 REFERENCE LAB						
098 03 COMMUNITY HEALTH EDUCATIO				123,545		123,545
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL		1,478,910	422,478	145,402,772	-1,901,388	143,501,384

I PROVIDER NO: I PERIOD: I PREPARED 8/19/2008  
 I 14-0164 I FROM 4/ 1/2007 I WORKSHEET B  
 I I TO 3/31/2008 I PART II

## ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-NEW BUI 1.01	OLD CAP REL C OSTS-NEW ADD 1.02	OLD CAP REL C OSTS-1988 AD 1.03	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-NEW BUI							
001 02 OLD CAP REL COSTS-NEW ADD							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		1,304					
006 01 NONPATIENT TELEPHONES		106	10,402				
006 02 DATA PROCESSING		96	6,161				
006 03 PURCHASING, RECEIVING AND			3,956	15,389			
006 04 ADMITTING		2,187					
006 05 CASHIERING/ACCOUNTS RECEI			20,384				
006 06 OTHER ADMINISTRATIVE AND		9,815	707,003	41,311			
007 MAINTENANCE & REPAIRS		3,776	406,026	17,603	742	8,653	
009 LAUNDRY & LINEN SERVICE				4,547			
010 HOUSEKEEPING		530	33,227				
011 DIETARY		232		20,822		103,841	
012 CAFETERIA			28,463	13,129			
014 NURSING ADMINISTRATION		5,579	6,969	3,141		102,398	
015 CENTRAL SERVICES & SUPPLY			17,253	8,721			
017 MEDICAL RECORDS & LIBRARY			46,878				
018 SOCIAL SERVICE		268					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			586,400	169,532			
030 INTENSIVE CARE UNIT				26,808			
033 NEONATAL INTENSIVE CARE U			31,863			12,980	
037 NURSERY			16,243				
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM			340,970				
038 SAME DAY SURGERY							
039 RECOVERY ROOM			64,316				
040 DELIVERY ROOM & LABOR ROO			137,081				
041 ANESTHESIOLOGY			11,261				
041 RADIOLOGY-DIAGNOSTIC			198,081				
041 01 MAMMOGRAPHY							
041 02 ONCOLOGY		194			10,601		
041 03 CARDIAC CATHETERIZATION L			130,769				
043 RADIOISOTOPE			30,247				
044 LABORATORY		318	82,983				
049 RESPIRATORY THERAPY			27,537				
050 PHYSICAL THERAPY			45,262				
053 ELECTROCARDIOLOGY			26,595				
054 ELECTROENCEPHALOGRAPHY			14,913				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS			31,544				
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY			121,327				
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		24,405	3,184,114	321,003	11,343	227,872	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,793					
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		26,198	3,184,114	321,003	11,343	227,872	

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NEW BUI	NEW CAP REL C OSTS-NEW ADD	NEW CAP REL C OSTS-1988 AD	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES
	3.01	3.02	3.03	4	4a	5	6.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS					1,304	1,304	
006 01 NONPATIENT TELEPHONES					10,508		10,508
006 02 DATA PROCESSING					6,257		82
006 03 PURCHASING, RECEIVING AND					19,345		408
006 04 ADMITTING					2,187		154
006 05 CASHIERING/ACCOUNTS RECEI					20,384	23	27
006 06 OTHER ADMINISTRATIVE AND					758,129	51	752
007 MAINTENANCE & REPAIRS					436,800	36	598
009 LAUNDRY & LINEN SERVICE					4,547	1	9
010 HOUSEKEEPING					33,757	21	172
011 DIETARY					124,895	10	72
012 CAFETERIA					41,592	16	9
014 NURSING ADMINISTRATION					118,087	39	281
015 CENTRAL SERVICES & SUPPLY					25,974	20	
017 MEDICAL RECORDS & LIBRARY					46,878	14	471
018 SOCIAL SERVICE					268	3	63
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI						28	
023 I&R SERVICES-OTHER PRGM C							
025 ADULTS & PEDIATRICS					755,932	262	1,730
026 INTENSIVE CARE UNIT					26,808	59	226
030 NEONATAL INTENSIVE CARE U					44,843	39	127
033 NURSERY					16,243	7	9
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM					340,970	154	942
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM					64,316	16	27
039 DELIVERY ROOM & LABOR ROO					137,081	75	290
040 ANESTHESIOLOGY					11,261		36
041 RADIOLOGY-DIAGNOSTIC					198,081	57	688
041 01 MAMMOGRAPHY						11	145
041 02 ONCOLOGY					10,795	24	172
041 03 CARDIAC CATHETERIZATION L					130,769	57	399
043 RADIOISOTOPE					30,247	10	82
044 LABORATORY					83,301	60	317
049 RESPIRATORY THERAPY					27,537	31	82
050 PHYSICAL THERAPY					45,262	43	290
053 ELECTROCARDIOLOGY					26,595	13	226
054 ELECTROENCEPHALOGRAPHY					14,913	1	18
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS					31,544	43	163
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY					121,327	69	417
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC						9	
063 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS					3,768,737	1,302	9,484
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					1,793		
098 PHYSICIANS' PRIVATE OFFIC							1,006
098 01 FAMILY PRACTICE							18
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO						2	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL					3,770,530	1,304	10,508

COST CENTER DESCRIPTION		DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
		6.02	6.03	6.04	6.05	6.06	7	9
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-NEW BUI							
001	03 OLD CAP REL COSTS-1988 AD							
002	02 OLD CAP REL COSTS-MVBLE E							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-NEW BUI							
003	03 NEW CAP REL COSTS-1988 AD							
004	04 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING	6,339						
006	03 PURCHASING, RECEIVING AND	24	19,777					
006	04 ADMITTING			2,341				
006	05 CASHIERING/ACCOUNTS RECEI	229	90		20,753			
006	06 OTHER ADMINISTRATIVE AND	423				759,355		
007	MAINTENANCE & REPAIRS	290				23,353	461,077	
009	LAUNDRY & LINEN SERVICE					4,423	2,421	11,401
010	HOUSEKEEPING	36	2			10,264	5,905	
011	DIETARY	85				6,187	11,550	
012	CAFETERIA					4,585	11,143	
014	NURSING ADMINISTRATION	278	1			14,330	13,839	
015	CENTRAL SERVICES & SUPPLY	60	99			10,332	7,160	
017	MEDICAL RECORDS & LIBRARY	278				5,273	6,838	
018	SOCIAL SERVICE	12				906	535	
020	NONPHYSICIAN ANESTHETISTS							
022	I&R SERVICES-SALARY & FRI					7,724		
023	I&R SERVICES-OTHER PRGM C					2,063		
025	ADULTS & PEDIATRICS	748	2,099	234	1,260	105,727	175,810	8,582
026	INTENSIVE CARE UNIT	109	812	52	230	23,995	14,274	1,115
030	NEONATAL INTENSIVE CARE U	157	3	66	290	13,077	4,648	744
033	NURSERY		567	29	128	3,628	2,370	960
037	ANCILLARY SRVC COST CNTRS							
037	01 OPERATING ROOM	495	9,599	287	2,625	82,963	49,740	
038	02 SAME DAY SURGERY							
038	RECOVERY ROOM	12	81	37	303	5,971	9,382	
039	DELIVERY ROOM & LABOR ROO	471	605	46	359	26,814	19,997	
040	ANESTHESIOLOGY	24	1,204	53	383	3,246	1,643	
041	RADIOLOGY-DIAGNOSTIC	350	395	119	2,135	39,406	28,896	
041	01 MAMMOGRAPHY	133	2		147	6,567		
041	02 ONCOLOGY	229	3	1	559	16,379	16,137	
041	03 CARDIAC CATHETERIZATION L	193	2,573	98	1,347	97,124	19,076	
043	RADIOISOTOPE	12	38	22	448	9,821	4,412	
044	LABORATORY	411	349	306	2,757	45,187	12,741	
049	RESPIRATORY THERAPY	109	148	80	392	11,379	4,017	
050	PHYSICAL THERAPY	217	66	17	396	16,878	6,603	
053	ELECTROCARDIOLOGY	85	33	60	721	7,485	3,880	
054	ELECTROENCEPHALOGRAPHY	12		1	17	778	2,176	
055	MEDICAL SUPPLIES CHARGED			539	4,086	67,312		
056	DRUGS CHARGED TO PATIENTS	157	55	252	1,448	41,275	4,602	
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
061	EMERGENCY	290	935	42	722	33,772	17,699	
062	OBSERVATION BEDS (NON-DIS							
063	50 RURAL HEALTH CLINIC	362	18			9,992		
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	6,291	19,777	2,341	20,753	758,216	457,494	11,401
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP					119	3,583	
098	PHYSICIANS' PRIVATE OFFIC	48				372		
098	01 FAMILY PRACTICE					3		
098	02 REFERENCE LAB							
098	03 COMMUNITY HEALTH EDUCATIO					645		
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	6,339	19,777	2,341	20,753	759,355	461,077	11,401

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		10	11	12	14	15	17	18
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-NEW BUI							
001	03 OLD CAP REL COSTS-1988 AD							
002	02 OLD CAP REL COSTS-MVBLE E							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-NEW BUI							
003	03 NEW CAP REL COSTS-1988 AD							
004	04 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	50,157						
011	DIETARY	1,311	144,110					
012	CAFETERIA	1,265		58,610				
014	NURSING ADMINISTRATION	344		1,917	149,116			
015	CENTRAL SERVICES & SUPPLY	813		1,991		46,449		
017	MEDICAL RECORDS & LIBRARY	776		1,474			62,002	
018	SOCIAL SERVICE	61		147				1,995
020	NONPHYSICIAN ANESTHETISTS							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C			1,548				
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	19,952	127,547	14,595	58,996	48	3,755	1,502
026	INTENSIVE CARE UNIT	1,620	16,563	3,023	12,209	73	685	195
030	NEONATAL INTENSIVE CARE U	528		1,548	6,369	2	864	130
033	NURSERY	269		295	1,137	2	381	168
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	5,645		6,930	27,900	32,587	7,824	
037	01 SAME DAY SURGERY							
038	RECOVERY ROOM	1,065		590	2,263		902	
039	DELIVERY ROOM & LABOR ROO	2,270		3,834	15,547	23	1,070	
040	ANESTHESIOLOGY	186				460	1,143	
041	RADIOLOGY-DIAGNOSTIC	3,279		3,318		1,084	6,366	
041	01 MAMMOGRAPHY					4	437	
041	02 ONCOLOGY	1,831		1,032		14	1,667	
041	03 CARDIAC CATHETERIZATION L	2,165		2,507	10,211	5,406	4,015	
043	RADIOISOTOPE	501		369		314	1,337	
044	LABORATORY	1,446		3,834		6,082	8,220	
049	RESPIRATORY THERAPY	456		1,622		259	1,167	
050	PHYSICAL THERAPY	749		2,138		2	1,181	
053	ELECTROCARDIOLOGY	440		737		6	2,149	
054	ELECTROENCEPHALOGRAPHY	247		74		2	51	
055	MEDICAL SUPPLIES CHARGED					41	12,317	
056	DRUGS CHARGED TO PATIENTS	522		1,548			4,318	
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
061	EMERGENCY	2,009		3,539	14,484	40	2,153	
062	OBSERVATION BEDS (NON-DIS							
063	50 RURAL HEALTH CLINIC							
063	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	49,750	144,110	58,610	149,116	46,449	62,002	1,995
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	407						
098	PHYSICIANS' PRIVATE OFFIC							
098	01 FAMILY PRACTICE							
098	02 REFERENCE LAB							
098	03 COMMUNITY HEALTH EDUCATIO							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	50,157	144,110	58,610	149,116	46,449	62,002	1,995

	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	20	22		25	26	27
001 GENERAL SERVICE COST CNTR						
001 01 OLD CAP REL COSTS-BLDG &						
001 02 OLD CAP REL COSTS-NEW BUI						
001 03 OLD CAP REL COSTS-1988 AD						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
003 01 NEW CAP REL COSTS-NEW BUI						
003 02 NEW CAP REL COSTS-NEW ADD						
003 03 NEW CAP REL COSTS-1988 AD						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING AND						
006 04 ADMITTING						
006 05 CASHIERING/ACCOUNTS RECEI						
006 06 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHETISTS						
022 I&R SERVICES-SALARY & FRI		7,752				
023 I&R SERVICES-OTHER PRGM C			3,611			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS				1,278,779		1,278,779
026 INTENSIVE CARE UNIT				102,048		102,048
030 NEONATAL INTENSIVE CARE U				73,435		73,435
033 NURSERY				26,193		26,193
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM				568,661		568,661
037 01 SAME DAY SURGERY						
038 RECOVERY ROOM				84,965		84,965
039 DELIVERY ROOM & LABOR ROO				208,482		208,482
040 ANESTHESIOLOGY				19,639		19,639
041 RADIOLOGY-DIAGNOSTIC				284,174		284,174
041 01 MAMMOGRAPHY				7,446		7,446
041 02 ONCOLOGY				48,843		48,843
041 03 CARDIAC CATHETERIZATION L				275,940		275,940
043 RADIOISOTOPE				47,613		47,613
044 LABORATORY				165,011		165,011
049 RESPIRATORY THERAPY				47,279		47,279
050 PHYSICAL THERAPY				73,842		73,842
053 ELECTROCARDIOLOGY				42,430		42,430
054 ELECTROENCEPHALOGRAPHY				18,290		18,290
055 MEDICAL SUPPLIES CHARGED				84,295		84,295
056 DRUGS CHARGED TO PATIENTS				85,927		85,927
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC						
061 EMERGENCY				197,498		197,498
062 OBSERVATION BEDS (NON-DIS						
063 50 RURAL HEALTH CLINIC				10,381		10,381
063 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS				3,751,171		3,751,171
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				5,902		5,902
098 PHYSICIANS' PRIVATE OFFIC				1,426		1,426
098 01 FAMILY PRACTICE				21		21
098 02 REFERENCE LAB						
098 03 COMMUNITY HEALTH EDUCATIO				647		647
101 CROSS FOOT ADJUSTMENTS		7,752	3,611	11,363		11,363
102 NEGATIVE COST CENTER						
103 TOTAL		7,752	3,611	3,770,530		3,770,530

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO:

I 14-0164

I

I PERIOD:

I FROM 4/ 1/2007

I TO 3/31/2008

I PREPARED 8/19/2008

I WORKSHEET B

I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-NEW BUI 1.01	OLD CAP REL C OSTS-NEW ADD 1.02	OLD CAP REL C OSTS-1988 AD 1.03	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							13,208
006 01 NONPATIENT TELEPHONES							1,071
006 02 DATA PROCESSING							971
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							22,158
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							99,463
007 MAINTENANCE & REPAIRS							38,254
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							5,365
011 DIETARY							2,353
012 CAFETERIA							
014 NURSING ADMINISTRATION							56,528
015 CENTRAL SERVICES & SUPPLY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							2,714
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS							
030 INTENSIVE CARE UNIT							
033 NEONATAL INTENSIVE CARE U							
037 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM							
038 SAME DAY SURGERY							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
041 01 MAMMOGRAPHY							
041 02 ONCOLOGY							1,967
041 03 CARDIAC CATHETERIZATION L							
043 RADIOISOTOPE							
044 LABORATORY							3,224
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	87,293						
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	87,293						247,276
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							18,162
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FAMILY PRACTICE	119,425						
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	206,718						265,438

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-NEW BUI	NEW CAP REL C OSTS-NEW ADD	NEW CAP REL C OSTS-1988 AD	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES
		3.01	3.02	3.03	4	4a	5	6.01
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-NEW BUI							
001	03 OLD CAP REL COSTS-1988 AD							
002	04 OLD CAP REL COSTS-MVBLE E							
003	05 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-NEW BUI							
003	03 NEW CAP REL COSTS-1988 AD							
004	04 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS				2,677	15,885	15,885	
006	01 NONPATIENT TELEPHONES	8,591			53,089	62,751		62,751
006	02 DATA PROCESSING	5,088				6,059		487
006	03 PURCHASING, RECEIVING AND	3,267	9,683			12,950		2,434
006	04 ADMITTING				13,732	35,890		920
006	05 CASHIERING/ACCOUNTS RECEI	16,835				16,835	282	162
006	06 OTHER ADMINISTRATIVE AND	583,911	25,994		107,751	817,119	618	4,490
007	MAINTENANCE & REPAIRS	335,336	11,076	2,515	42,395	429,576	441	3,570
009	LAUNDRY & LINEN SERVICE		2,861			2,861	9	54
010	HOUSEKEEPING	27,442			37,251	70,058	260	1,028
011	DIETARY		13,101		37,094	52,548	127	433
012	CAFETERIA	23,508	8,261			31,769	195	54
014	NURSING ADMINISTRATION	5,755	1,976		153,249	217,508	475	1,677
015	CENTRAL SERVICES & SUPPLY	14,249	5,487		116,234	135,970	248	
017	MEDICAL RECORDS & LIBRARY	38,716			14,544	53,260	176	2,813
018	SOCIAL SERVICE				53	2,767	38	379
020	NONPHYSICIAN ANESTHETISTS							
022	I&R SERVICES-SALARY & FRI						343	
023	I&R SERVICES-OTHER PRGM C							
025	ADULTS & PEDIATRICS	484,306	106,673		379,415	970,394	3,153	10,334
026	INTENSIVE CARE UNIT		16,868		180,985	197,853	723	1,352
030	NEONATAL INTENSIVE CARE U	26,316			107,946	134,262	471	757
033	NURSERY	13,415			18,209	31,624	82	54
037	ANCILLARY SRVC COST CNTRS							
037	01 OPERATING ROOM	281,606			1,210,948	1,492,554	1,878	5,626
038	RECOVERY ROOM	53,118				53,118	191	162
039	DELIVERY ROOM & LABOR ROO	113,215			170,099	283,314	919	1,731
040	ANESTHESIOLOGY	9,300			28,589	37,889		216
041	RADIOLOGY-DIAGNOSTIC	163,595			1,888,719	2,052,314	691	4,111
041	01 MAMMOGRAPHY				364,875	364,875	139	866
041	02 ONCOLOGY			35,926	779,131	817,024	289	1,028
041	03 CARDIAC CATHETERIZATION L	108,002			274,073	382,075	702	2,380
043	RADIOISOTOPE	24,981			323,208	348,189	122	487
044	LABORATORY	68,535			368,072	439,831	732	1,893
049	RESPIRATORY THERAPY	22,743			149,147	171,890	375	487
050	PHYSICAL THERAPY	37,382			33,083	157,758	526	1,731
053	ELECTROCARDIOLOGY	21,965			240,543	262,508	164	1,352
054	ELECTROENCEPHALOGRAPHY	12,317			14,683	27,000	17	108
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS	26,052			13,594	39,646	519	974
060	OUTPAT SERVICE COST CNTRS							
060	01 CLINIC							
061	EMERGENCY	100,203			254,044	354,247	842	2,488
062	OBSERVATION BEDS (NON-DIS							
063	50 RURAL HEALTH CLINIC				14,550	14,550	115	
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	2,629,749	201,980	38,441	7,391,982	10,596,721	15,862	56,638
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP					18,162		
098	PHYSICIANS' PRIVATE OFFIC							6,005
098	01 FAMILY PRACTICE					119,425		108
098	02 REFERENCE LAB							
098	03 COMMUNITY HEALTH EDUCATIO						23	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	2,629,749	201,980	38,441	7,391,982	10,734,308	15,885	62,751



COST CENTER DESCRIPTION		DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
		6.02	6.03	6.04	6.05	6.06	7	9
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-NEW BUI							
001	03 OLD CAP REL COSTS-1988 AD							
002	02 OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NEW BUI							
003	02 NEW CAP REL COSTS-NEW ADD							
003	03 NEW CAP REL COSTS-1988 AD							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING	6,546						
006	03 PURCHASING, RECEIVING AND	25	15,409					
006	04 ADMITTING			36,810				
006	05 CASHIERING/ACCOUNTS RECEI	237	70		17,586			
006	06 OTHER ADMINISTRATIVE AND	436				822,663		
007	MAINTENANCE & REPAIRS	299				25,299	459,185	
009	LAUNDRY & LINEN SERVICE					4,791	2,411	10,126
010	HOUSEKEEPING	37	1			11,119	5,881	
011	DIETARY	87				6,702	11,503	
012	CAFETERIA					4,967	11,097	
014	NURSING ADMINISTRATION	287	1			15,524	13,782	
015	CENTRAL SERVICES & SUPPLY	62	77			11,193	7,131	
017	MEDICAL RECORDS & LIBRARY	287				5,712	6,810	
018	SOCIAL SERVICE	12				982	533	
020	NONPHYSICIAN ANESTHETISTS							
022	I&R SERVICES-SALARY & FRI					8,367		
023	I&R SERVICES-OTHER PRGM C					2,235		
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	778	1,636	3,783	1,069	114,575	175,088	7,623
026	INTENSIVE CARE UNIT	112	633	841	195	25,994	14,215	990
030	NEONATAL INTENSIVE CARE U	162	2	1,061	246	14,167	4,629	661
033	NURSERY		442	468	109	3,930	2,360	852
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	511	7,480	4,646	2,228	89,875	49,536	
037	01 SAME DAY SURGERY							
038	RECOVERY ROOM	12	63	593	257	6,468	9,344	
039	DELIVERY ROOM & LABOR ROO	486	471	746	305	29,048	19,915	
040	ANESTHESIOLOGY	25	938	859	326	3,517	1,636	
041	RADIOLOGY-DIAGNOSTIC	362	308	1,922	1,813	42,690	28,777	
041	01 MAMMOGRAPHY	137	1		124	7,114		
041	02 ONCOLOGY	237	2	11	475	17,744	16,071	
041	03 CARDIAC CATHETERIZATION L	199	2,005	1,590	1,144	105,216	18,998	
043	RADIOISOTOPE	12	30	353	381	10,639	4,394	
044	LABORATORY	424	272	4,946	2,341	48,952	12,689	
049	RESPIRATORY THERAPY	112	115	1,294	332	12,327	4,001	
050	PHYSICAL THERAPY	224	51	269	336	18,284	6,576	
053	ELECTROCARDIOLOGY	87	26	967	612	8,109	3,864	
054	ELECTROENCEPHALOGRAPHY	12		20	14	843	2,167	
055	MEDICAL SUPPLIES CHARGED			7,672	3,436	72,921		
056	DRUGS CHARGED TO PATIENTS	162	43	4,082	1,230	44,714	4,583	
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
061	EMERGENCY	299	728	687	613	36,586	17,626	
062	OBSERVATION BEDS (NON-DIS							
063	50 RURAL HEALTH CLINIC	374	14			10,825		
063	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	6,496	15,409	36,810	17,586	821,429	455,617	10,126
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP					129	3,568	
098	PHYSICIANS' PRIVATE OFFIC	50				403		
098	01 FAMILY PRACTICE					3		
098	02 REFERENCE LAB							
098	03 COMMUNITY HEALTH EDUCATIO					699		
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	6,546	15,409	36,810	17,586	822,663	459,185	10,126

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	10	11	12	14	15	17	18
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	88,384						
011 DIETARY	2,310	73,710					
012 CAFETERIA	2,228		50,310				
014 NURSING ADMINISTRATION	607		1,645	251,506			
015 CENTRAL SERVICES & SUPPLY	1,432		1,709		157,822		
017 MEDICAL RECORDS & LIBRARY	1,368		1,266			71,692	
018 SOCIAL SERVICE	107		127				4,945
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			1,329				
025 ADULTS & PEDIATRICS	35,161	65,238	12,528	99,507	165	4,349	3,723
026 INTENSIVE CARE UNIT	2,855	8,472	2,595	20,592	247	793	483
030 NEONATAL INTENSIVE CARE U	930		1,329	10,742	5	1,001	323
033 NURSERY	474		253	1,918	8	442	416
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	9,947		5,949	47,057	110,722	9,062	
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	1,876		506	3,816	1	1,045	
039 DELIVERY ROOM & LABOR ROO	3,999		3,291	26,223	79	1,239	
040 ANESTHESIOLOGY	329				1,562	1,324	
041 RADIOLOGY-DIAGNOSTIC	5,779		2,848		3,685	7,373	
041 01 MAMMOGRAPHY					15	506	
041 02 ONCOLOGY	3,227		886		48	1,931	
041 03 CARDIAC CATHETERIZATION L	3,815		2,152	17,222	18,367	4,650	
043 RADIOISOTOPE	882		316		1,068	1,548	
044 LABORATORY	2,548		3,291		20,665	9,520	
049 RESPIRATORY THERAPY	803		1,392		879	1,352	
050 PHYSICAL THERAPY	1,320		1,835		5	1,368	
053 ELECTROCARDIOLOGY	776		633		19	2,489	
054 ELECTROENCEPHALOGRAPHY	435		63		7	59	
055 MEDICAL SUPPLIES CHARGED					139	14,146	
056 DRUGS CHARGED TO PATIENTS	920		1,329			5,001	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	3,540		3,038	24,429	136	2,494	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	87,668	73,710	50,310	251,506	157,822	71,692	4,945
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	716						
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	88,384	73,710	50,310	251,506	157,822	71,692	4,945

	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	20	22	23	25	26	27
001 GENERAL SERVICE COST CNTR						
001 01 OLD CAP REL COSTS-BLDG &						
001 02 OLD CAP REL COSTS-NEW BUI						
001 03 OLD CAP REL COSTS-1988 AD						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
003 01 NEW CAP REL COSTS-NEW BUI						
003 02 NEW CAP REL COSTS-NEW ADD						
003 03 NEW CAP REL COSTS-1988 AD						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING AND						
006 04 ADMITTING						
006 05 CASHIERING/ACCOUNTS RECEI						
006 06 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHETISTS						
022 I&R SERVICES-SALARY & FRI		8,710				
023 I&R SERVICES-OTHER PRGM C			3,564			
025 INPAT ROUTINE SRVC CNTRS				1,509,104		1,509,104
026 ADULTS & PEDIATRICS				278,945		278,945
030 INTENSIVE CARE UNIT				170,748		170,748
033 NEONATAL INTENSIVE CARE U				43,432		43,432
037 NURSERY						
037 ANCILLARY SRVC COST CNTRS						
037 01 OPERATING ROOM				1,837,071		1,837,071
037 01 SAME DAY SURGERY						
038 RECOVERY ROOM				77,452		77,452
039 DELIVERY ROOM & LABOR ROO				371,766		371,766
040 ANESTHESIOLOGY				48,621		48,621
041 RADIOLOGY-DIAGNOSTIC				2,152,673		2,152,673
041 01 MAMMOGRAPHY				373,777		373,777
041 02 ONCOLOGY				858,973		858,973
041 03 CARDIAC CATHETERIZATION L				560,515		560,515
043 RADIOISOTOPE				368,421		368,421
044 LABORATORY				548,104		548,104
049 RESPIRATORY THERAPY				195,359		195,359
050 PHYSICAL THERAPY				190,283		190,283
053 ELECTROCARDIOLOGY				281,606		281,606
054 ELECTROENCEPHALOGRAPHY				30,745		30,745
055 MEDICAL SUPPLIES CHARGED				98,314		98,314
056 DRUGS CHARGED TO PATIENTS				103,203		103,203
060 OUTPAT SERVICE COST CNTRS						
061 CLINIC						
061 EMERGENCY				447,753		447,753
062 OBSERVATION BEDS (NON-DIS						
063 50 RURAL HEALTH CLINIC				25,878		25,878
063 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS				10,572,743		10,572,743
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				22,575		22,575
098 PHYSICIANS' PRIVATE OFFIC				6,458		6,458
098 01 FAMILY PRACTICE				119,536		119,536
098 02 REFERENCE LAB						
098 03 COMMUNITY HEALTH EDUCATIO				722		722
101 CROSS FOOT ADJUSTMENTS		8,710	3,564	12,274		12,274
102 NEGATIVE COST CENTER						
103 TOTAL		8,710	3,564	10,734,308		10,734,308

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 8/19/2008  
 I 14-0164 I FROM 4/ 1/2007 I WORKSHEET B-1  
 I I TO 3/31/2008 I

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-NEW BUI	OLD CAP REL C OSTS-NEW ADD	OLD CAP REL C OSTS-1988 AD	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &
		( SQUARE FEET )	( SQUARE FEET )	( SQUARE FEET )	( SQUARE FEET )	( DOLLAR VALUE )	( SQUARE FEET )
	GENERAL SERVICE COST	1	1.01	1.02	1.03	2	3
001	OLD CAP REL COSTS-BLD	21,323					
001 01	OLD CAP REL COSTS-NEW		189,168				
001 02	OLD CAP REL COSTS-NEW			69,607			
001 03	OLD CAP REL COSTS-198				6,863		
002	OLD CAP REL COSTS-MVB					158	
003	NEW CAP REL COSTS-BLD						21,323
003 01	NEW CAP REL COSTS-NEW						
003 02	NEW CAP REL COSTS-NEW						
003 03	NEW CAP REL COSTS-198						
004	NEW CAP REL COSTS-MVB						
005	EMPLOYEE BENEFITS	1,061					1,061
006 01	NONPATIENT TELEPHONES	86	618				86
006 02	DATA PROCESSING	78	366				78
006 03	PURCHASING, RECEIVING		235	3,337			
006 04	ADMITTING	1,780					1,780
006 05	CASHIERING/ACCOUNTS R		1,211				
006 06	OTHER ADMINISTRATIVE	7,990	42,003	8,958			7,990
007	MAINTENANCE & REPAIRS	3,073	24,122	3,817	449	6	3,073
009	LAUNDRY & LINEN SERVI			986			
010	HOUSEKEEPING	431	1,974				431
011	DIETARY	189		4,515		72	189
012	CAFETERIA		1,691	2,847			
014	NURSING ADMINISTRATIO	4,541	414	681		71	4,541
015	CENTRAL SERVICES & SU		1,025	1,891			
017	MEDICAL RECORDS & LIB		2,785				
018	SOCIAL SERVICE	218					218
020	NONPHYSICIAN ANESTHET						
022	I&R SERVICES-SALARY &						
023	I&R SERVICES-OTHER PR						
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS		34,838	36,762			
026	INTENSIVE CARE UNIT			5,813			
030	NEONATAL INTENSIVE CA		1,893			9	
033	NURSERY		965				
	ANCILLARY SRVC COST C						
037	OPERATING ROOM		20,257				
037 01	SAME DAY SURGERY						
038	RECOVERY ROOM		3,821				
039	DELIVERY ROOM & LABOR		8,144				
040	ANESTHESIOLOGY		669				
041	RADIOLOGY-DIAGNOSTIC		11,768				
041 01	MAMMOGRAPHY						
041 02	ONCOLOGY	158			6,414		158
041 03	CARDIAC CATHETERIZATI		7,769				
043	RADIOISOTOPE		1,797				
044	LABORATORY	259	4,930				259
049	RESPIRATORY THERAPY		1,636				
050	PHYSICAL THERAPY		2,689				
053	ELECTROCARDIOLOGY		1,580				
054	ELECTROENCEPHALOGRAPH		886				
055	MEDICAL SUPPLIES CHAR						
056	DRUGS CHARGED TO PATI		1,874				
	OUTPAT SERVICE COST C						
060	CLINIC						
061	EMERGENCY		7,208				
062	OBSERVATION BEDS (NON						
063 50	RURAL HEALTH CLINIC						
	SPEC PURPOSE COST CEN						
095	SUBTOTALS	19,864	189,168	69,607	6,863	158	19,864
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	1,459					1,459
098	PHYSICIANS' PRIVATE O						
098 01	FAMILY PRACTICE						
098 02	REFERENCE LAB						
098 03	COMMUNITY HEALTH EDUC						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	26,198	3,184,114	321,003	11,343	227,872	265,438
	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER	1.228626		4.611648		1,442.227848	
	(WRKSHT B, PT I)		16.832202		1.652776		12.448436
105	COST TO BE ALLOCATED						
	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
	(WRKSHT B, PT II)						
107	COST TO BE ALLOCATED						
	(WRKSHT B, PART III)						
108	UNIT COST MULTIPLIER						
	(WRKSHT B, PT III)						

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-NEW BUI	NEW CAP REL C OSTS-NEW ADD	NEW CAP REL C OSTS-1988 AD	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES	DATA PROCESSI NG
		( SQUARE FEET )	( SQUARE FEET )	( SQUARE FEET )	( DOLLAR VALUE )	( GROSS SALARIES )	( NUMBER OF PHONES )	( NUMBER OF PCS )
		3.01	3.02	3.03	4	5	6.01	6.02
GENERAL SERVICE COST								
001	OLD CAP REL COSTS-BLD							
001 01	OLD CAP REL COSTS-NEW							
001 02	OLD CAP REL COSTS-NEW							
001 03	OLD CAP REL COSTS-198							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-NEW	189,168						
003 02	NEW CAP REL COSTS-NEW		69,607					
003 03	NEW CAP REL COSTS-198			6,863				
004	NEW CAP REL COSTS-MVB				4,039,535			
005	EMPLOYEE BENEFITS				1,463	44,815,245		
006 01	NONPATIENT TELEPHONES	618			29,012		1,160	
006 02	DATA PROCESSING	366					9	525
006 03	PURCHASING, RECEIVING	235	3,337				45	2
006 04	ADMITTING				7,504		17	
006 05	CASHIERING/ACCOUNTS R	1,211				797,536	3	19
006 06	OTHER ADMINISTRATIVE	42,003	8,958		58,883	1,744,394	83	35
007	MAINTENANCE & REPAIRS	24,122	3,817	449	23,168	1,245,305	66	24
009	LAUNDRY & LINEN SERVI		986			25,805	1	
010	HOUSEKEEPING	1,974			20,357	734,437	19	3
011	DIETARY		4,515		20,271	359,524	8	7
012	CAFETERIA	1,691	2,847			549,763	1	
014	NURSING ADMINISTRATIO	414	681		83,747	1,342,923	31	23
015	CENTRAL SERVICES & SU	1,025	1,891		63,519	701,886		5
017	MEDICAL RECORDS & LIB	2,785			7,948	498,390	52	23
018	SOCIAL SERVICE				29	106,185	7	1
020	NONPHYSICIAN ANESTHET							
022	I&R SERVICES-SALARY &					969,738		
023	I&R SERVICES-OTHER PR							
025	ADULTS & PEDIATRICS	34,838	36,762		207,341	8,849,062	191	62
026	INTENSIVE CARE UNIT		5,813		98,904	2,041,258	25	9
030	NEONATAL INTENSIVE CA	1,893			58,990	1,331,436	14	13
033	NURSERY	965			9,951	232,530	1	
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM	20,257			661,753	5,303,714	104	41
037 01	SAME DAY SURGERY							
038	RECOVERY ROOM	3,821				538,556	3	1
039	DELIVERY ROOM & LABOR	8,144			92,955	2,595,110	32	39
040	ANESTHESIOLOGY	669			15,623		4	2
041	RADIOLOGY-DIAGNOSTIC	11,768			1,032,137	1,951,595	76	29
041 01	MAMMOGRAPHY				199,395	392,418	16	11
041 02	ONCOLOGY			6,414	425,776	817,322	19	19
041 03	CARDIAC CATHETERIZATI	7,769			149,774	1,982,754	44	16
043	RADIOISOTOPE	1,797			176,625	343,415	9	1
044	LABORATORY	4,930			201,142	2,066,962	35	34
049	RESPIRATORY THERAPY	1,636			81,505	1,058,278	9	9
050	PHYSICAL THERAPY	2,689			18,079	1,486,756	32	18
053	ELECTROCARDIOLOGY	1,580			131,451	463,533	25	7
054	ELECTROENCEPHALOGRAPH	886			8,024	48,270	2	1
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATI	1,874			7,429	1,466,165	18	13
060	OUTPAT SERVICE COST C							
061	CLINIC							
061	EMERGENCY	7,208			138,829	2,378,896	46	24
062	OBSERVATION BEDS (NON							
063	RURAL HEALTH CLINIC				7,951	325,544		30
095	SPEC PURPOSE COST CEN	189,168	69,607	6,863	4,039,535	44,749,460	1,047	521
096	SUBTOTALS							
096	NONREIMBURS COST CENT							
098	GIFT, FLOWER, COFFEE							
098	PHYSICIANS' PRIVATE O						111	4
098 01	FAMILY PRACTICE						2	
098 02	REFERENCE LAB							
098 03	COMMUNITY HEALTH EDUC					65,785		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	2,629,749	201,980	38,441	7,391,982	14,904,712	255,887	2,376,048
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		2.901720		1.829909		220.592241	
105	(WRKSHT B, PT I)	13.901659		5.601195		.332581		4,525.805714
105	COST TO BE ALLOCATED					1,304	10,508	6,339
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER						9.058621	
107	(WRKSHT B, PT II)					.000029		12.074286
107	COST TO BE ALLOCATED					15,885	62,751	6,546
108	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER						54.095690	
108	(WRKSHT B, PT III)					.000354		12.468571

COST CENTER DESCRIPTION		PURCHASING, R ADMITTING ECEIVING AND		CASHIERING/AC COUNTS RECEI		OTHER ADMINIS TRATIVE AND		MAINTENANCE & LAUNDRY & LIN REPAIRS EN SERVICE	
		( PURCHASING SUPPLIES )	( INPATIENT REVENUE )	( GROSS REVENUE )	RECONCIL- IATION	( ACCUM. COST )	( SQUARE FEET )	( PATIENT DAYS )	
		6.03	6.04	6.05	6a.06	6.06	7	9	
	GENERAL SERVICE COST								
001	OLD CAP REL COSTS-BLD								
001 01	OLD CAP REL COSTS-NEW								
001 02	OLD CAP REL COSTS-NEW								
001 03	OLD CAP REL COSTS-198								
002	OLD CAP REL COSTS-MVB								
003	NEW CAP REL COSTS-BLD								
003 01	NEW CAP REL COSTS-NEW								
003 02	NEW CAP REL COSTS-NEW								
003 03	NEW CAP REL COSTS-198								
004	NEW CAP REL COSTS-MVB								
005	EMPLOYEE BENEFITS								
006 01	NONPATIENT TELEPHONES								
006 02	DATA PROCESSING								
006 03	PURCHASING, RECEIVING	6,996,997							
006 04	ADMITTING		190,038,192						
006 05	CASHIERING/ACCOUNTS R	32,013		391,313,611					
006 06	OTHER ADMINISTRATIVE				-18,351,555	127,051,217			
007	MAINTENANCE & REPAIRS	20				3,907,113	187,777		
009	LAUNDRY & LINEN SERVI					739,946	986	35,198	
010	HOUSEKEEPING	630				1,717,166	2,405		
011	DIETARY	17				1,035,099	4,704		
012	CAFETERIA	26				767,101	4,538		
014	NURSING ADMINISTRATIO	394				2,397,540	5,636		
015	CENTRAL SERVICES & SU	34,960				1,728,618	2,916		
017	MEDICAL RECORDS & LIB					882,194	2,785		
018	SOCIAL SERVICE					151,663	218		
020	NONPHYSICIAN ANESTHET								
022	I&R SERVICES-SALARY &					1,292,254			
023	I&R SERVICES-OTHER PR					345,222			
	INPAT ROUTINE SRVC CN								
025	ADULTS & PEDIATRICS	742,815	19,500,726	23,765,305		17,694,193	71,600	26,498	
026	INTENSIVE CARE UNIT	287,357	4,334,390	4,335,166		4,014,477	5,813	3,441	
030	NEONATAL INTENSIVE CA	1,010	5,467,308	5,467,308		2,187,892	1,893	2,296	
033	NURSERY	200,694	2,413,373	2,413,735		606,941	965	2,963	
	ANCILLARY SRVC COST C								
037	OPERATING ROOM	3,395,069	23,949,354	49,521,548		13,880,299	20,257		
037 01	SAME DAY SURGERY								
038	RECOVERY ROOM	28,773	3,056,099	5,710,746		998,987	3,821		
039	DELIVERY ROOM & LABOR	214,040	3,844,960	6,771,482		4,486,151	8,144		
040	ANESTHESIOLOGY	426,154	4,429,457	7,233,956		543,165	669		
041	RADIOLOGY-DIAGNOSTIC	139,789	9,908,531	40,292,305		6,592,973	11,768		
041 01	MAMMOGRAPHY	627		2,765,690		1,098,763			
041 02	ONCOLOGY	948	56,144	10,550,580		2,740,356	6,572		
041 03	CARDIAC CATHETERIZATI	910,538	8,196,685	25,411,500		16,249,616	7,769		
043	RADIOISOTOPE	13,499	1,819,887	8,459,409		1,643,053	1,797		
044	LABORATORY	123,407	25,495,795	52,024,103		7,560,110	5,189		
049	RESPIRATORY THERAPY	52,440	6,669,806	7,387,336		1,903,830	1,636		
050	PHYSICAL THERAPY	23,383	1,384,613	7,476,086		2,823,850	2,689		
053	ELECTROCARDIOLOGY	11,663	4,982,239	13,599,179		1,252,301	1,580		
054	ELECTROENCEPHALOGRAPH	34	105,487	321,251		130,166	886		
055	MEDICAL SUPPLIES CHAR		39,843,222	76,849,038		11,261,901			
056	DRUGS CHARGED TO PATI	19,499	21,040,702	27,329,071		6,905,611	1,874		
	OUTPAT SERVICE COST C								
060	CLINIC								
061	EMERGENCY	330,778	3,539,414	13,628,817		5,650,288	7,208		
062	OBSERVATION BEDS (NON								
063 50	RURAL HEALTH CLINIC	6,420				1,671,819			
	SPEC PURPOSE COST CEN								
095	SUBTOTALS	6,996,997	190,038,192	391,313,611	-18,351,555	126,860,658	186,318	35,198	
	NONREIMBURS COST CENT								
096	GIFT, FLOWER, COFFEE					19,955	1,459		
098	PHYSICIANS' PRIVATE O					62,211			
098 01	FAMILY PRACTICE					441			
098 02	REFERENCE LAB								
098 03	COMMUNITY HEALTH EDUC					107,952			
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	COST TO BE ALLOCATED	131,840	41,827	4,136,979		18,351,555	4,471,464	870,304	
	(WRKSHT B, PART I)								
104	UNIT COST MULTIPLIER		.000220				23.812629		
	(WRKSHT B, PT I)	.018842		.010572		.144442		24.725950	
105	COST TO BE ALLOCATED	19,777	2,341	20,753		759,355	461,077	11,401	
	(WRKSHT B, PART II)								
106	UNIT COST MULTIPLIER		.000012				2.455450		
	(WRKSHT B, PT II)	.002826		.000053		.005977		.323910	
107	COST TO BE ALLOCATED	15,409	36,810	17,586		822,663	459,185	10,126	
	(WRKSHT B, PART III)								
108	UNIT COST MULTIPLIER		.000194				2.445374		
	(WRKSHT B, PT III)	.002202		.000045		.006475		.287687	

COST CENTER DESCRIPTION	HOUSEKEEPING ( SQUARE FEET )	DIETARY ( MEALS SERVED )	CAFETERIA ( )	NURSING ADMIN ISTRATION ( DIRECT NURS HRS )	CENTRAL SERVI CES & SUPPLY ( COSTED REQS )	MEDICAL RECOR DS & LIBRARY ( GROSS REVENUE )	SOCIAL SERVIC E ( PATIENT DAYS )
	10	11	12	14	15	17	18
001 GENERAL SERVICE COST							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-NEW							
001 03 OLD CAP REL COSTS-198							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-NEW							
003 02 NEW CAP REL COSTS-NEW							
003 03 NEW CAP REL COSTS-198							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	179,986						
011 DIETARY	4,704	107,760					
012 CAFETERIA	4,538		795				
014 NURSING ADMINISTRATIO	1,236		26	1,040,062			
015 CENTRAL SERVICES & SU	2,916		27		12,023,859		
017 MEDICAL RECORDS & LIB	2,785		20			391,313,611	
018 SOCIAL SERVICE	218		2				35,198
020 NONPHYSICIAN ANESTHET							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR			21				
025 ADULTS & PEDIATRICS	71,600	95,375	198	411,495	12,537	23,765,305	26,498
026 INTENSIVE CARE UNIT	5,813	12,385	41	85,155	18,828	4,335,166	3,441
030 NEONATAL INTENSIVE CA	1,893		21	44,422	409	5,467,308	2,296
033 NURSERY	965		4	7,931	580	2,413,735	2,963
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	20,257		94	194,597	8,435,428	49,521,548	
038 RECOVERY ROOM	3,821		8	15,781	109	5,710,746	
039 DELIVERY ROOM & LABOR	8,144		52	108,441	6,010	6,771,482	
040 ANESTHESIOLOGY	669				118,968	7,233,956	
041 RADIOLOGY-DIAGNOSTIC	11,768		45		280,723	40,292,305	
041 01 MAMMOGRAPHY					1,111	2,765,690	
041 02 ONCOLOGY	6,572		14		3,693	10,550,580	
041 03 CARDIAC CATHETERIZATI	7,769		34	71,218	1,399,318	25,411,500	
043 RADIOISOTOPE	1,797		5		81,395	8,459,409	
044 LABORATORY	5,189		52		1,574,393	52,024,103	
049 RESPIRATORY THERAPY	1,636		22		66,942	7,387,336	
050 PHYSICAL THERAPY	2,689		29		407	7,476,086	
053 ELECTROCARDIOLOGY	1,580		10		1,463	13,599,179	
054 ELECTROENCEPHALOGRAPH	886		1		567	321,251	
055 MEDICAL SUPPLIES CHAR					10,608	76,849,038	
056 DRUGS CHARGED TO PATI	1,874		21			27,329,071	
060 OUTPAT SERVICE COST C							
061 CLINIC							
061 EMERGENCY	7,208		48	101,022	10,370	13,628,817	
062 OBSERVATION BEDS (NON							
063 50 RURAL HEALTH CLINIC							
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	178,527	107,760	795	1,040,062	12,023,859	391,313,611	35,198
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE	1,459						
098 PHYSICIANS' PRIVATE O							
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,022,466	1,349,484	1,036,958	2,925,855	2,115,724	1,133,319	183,820
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		12.523051		2.813154		.002896	
105 (WRKSHT B, PT I)	11.236796		1,304.349686		.175960		5.222456
105 COST TO BE ALLOCATED	50,157	144,110	58,610	149,116	46,449	62,002	1,995
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		1.337324		.143372		.000158	
107 (WRKSHT B, PT II)	.278672		73.723270		.003863		.056679
107 COST TO BE ALLOCATED	88,384	73,710	50,310	251,506	157,822	71,692	4,945
108 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.684020		.241818		.000183	
108 (WRKSHT B, PT III)	.491060		63.283019		.013126		.140491







## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 8/19/2008  
 I 14-0164 I FROM 4/ 1/2007 I WORKSHEET C  
 I I TO 3/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,407,606		20,407,606			
26	INTENSIVE CARE UNIT	4,328,848		4,328,848			
30	NEONATAL INTENSIVE CARE U	5,467,308		5,467,308			
33	NURSERY	2,413,373		2,413,373			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	23,909,048	24,950,556	48,859,604	.386678	.386678	.386678
37 01	SAME DAY SURGERY						
38	RECOVERY ROOM	3,131,530	2,938,747	6,070,277	.222163	.222163	.222163
39	DELIVERY ROOM & LABOR ROO	3,844,960	2,867,683	6,712,643	.865998	.865998	.865998
40	ANESTHESIOLOGY	4,429,457	2,720,667	7,150,124	.096076	.096076	.096076
41	RADIOLOGY-DIAGNOSTIC	9,908,531	29,450,020	39,358,551	.207897	.207897	.207897
41 01	MAMMOGRAPHY		2,673,893	2,673,893	.473345	.473345	.475801
41 02	ONCOLOGY	56,144	10,363,346	10,419,490	.327846	.327846	.327846
41 03	CARDIAC CATHETERIZATION L	8,196,685	17,010,426	25,207,111	.770955	.770955	.771072
43	RADIOISOTOPE	1,819,887	6,501,594	8,321,481	.238985	.238985	.238985
44	LABORATORY	25,495,975	26,434,275	51,930,250	.179654	.179654	.181099
49	RESPIRATORY THERAPY	6,669,806	702,980	7,372,786	.311691	.311691	.311905
50	PHYSICAL THERAPY	1,384,613	5,880,078	7,264,691	.466025	.466025	.466025
53	ELECTROCARDIOLOGY	4,757,093	8,088,088	12,845,181	.119986	.119986	.119986
54	ELECTROENCEPHALOGRAPHY	105,487	209,947	315,434	.578108	.578108	.578108
55	MEDICAL SUPPLIES CHARGED	39,843,222	36,228,543	76,071,765	.172378	.172378	.172378
56	DRUGS CHARGED TO PATIENTS	21,040,702	6,094,591	27,135,293	.297594	.297594	.297594
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	3,539,414	9,836,224	13,375,638	.531351	.531351	.531351
62	OBSERVATION BEDS (NON-DIS	460,562	2,095,836	2,556,398	1.091563	1.091563	1.091563
63 50	RURAL HEALTH CLINIC		1,328,563	1,328,563	1.440127	1.440127	1.440127
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	191,210,251	196,376,057	387,586,308			
102	LESS OBSERVATION BEDS						
103	TOTAL	191,210,251	196,376,057	387,586,308			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM	18,892,950	2,405,732	16,487,218			18,892,950
38	RECOVERY ROOM	1,348,593	162,417	1,186,176			1,348,593
39	DELIVERY ROOM & LABOR ROO	5,813,137	580,248	5,232,889			5,813,137
40	ANESTHESIOLOGY	686,953	68,260	618,693			686,953
41	RADIOLOGY-DIAGNOSTIC	8,182,516	2,436,847	5,745,669			8,182,516
41	01 MAMMOGRAPHY	1,265,675	381,223	884,452			1,265,675
41	02 ONCOLOGY	3,415,989	907,816	2,508,173			3,415,989
41	03 CARDIAC CATHETERIZATION L	19,433,553	836,455	18,597,098			19,433,553
43	RADIOISOTOPE	1,988,705	416,034	1,572,671			1,988,705
44	LABORATORY	9,329,497	713,115	8,616,382			9,329,497
49	RESPIRATORY THERAPY	2,298,032	242,638	2,055,394			2,298,032
50	PHYSICAL THERAPY	3,385,530	264,125	3,121,405			3,385,530
53	ELECTROCARDIOLOGY	1,541,247	324,036	1,217,211			1,541,247
54	ELECTROENCEPHALOGRAPHY	182,355	49,035	133,320			182,355
55	MEDICAL SUPPLIES CHARGED	13,113,091	182,609	12,930,482			13,113,091
56	DRUGS CHARGED TO PATIENTS	8,075,290	189,130	7,886,160			8,075,290
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	7,107,156	645,251	6,461,905			7,107,156
62	OBSERVATION BEDS (NON-DIS	2,790,470	296,538	2,493,932			2,790,470
63	50 RURAL HEALTH CLINIC	1,913,300	36,259	1,877,041			1,913,300
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	110,764,039	11,137,768	99,626,271			110,764,039
102	LESS OBSERVATION BEDS	2,790,470	296,538	2,493,932			2,790,470
103	TOTAL	107,973,569	10,841,230	97,132,339			107,973,569

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	48,859,604	.386678	.386678
37	01 SAME DAY SURGERY			
38	RECOVERY ROOM	6,070,277	.222163	.222163
39	DELIVERY ROOM & LABOR ROO	6,712,643	.865998	.865998
40	ANESTHESIOLOGY	7,150,124	.096076	.096076
41	RADIOLOGY-DIAGNOSTIC	39,358,551	.207897	.207897
41	01 MAMMOGRAPHY	2,673,893	.473345	.473345
41	02 ONCOLOGY	10,419,490	.327846	.327846
41	03 CARDIAC CATHETERIZATION L	25,207,111	.770955	.770955
43	RADIOISOTOPE	8,321,481	.238985	.238985
44	LABORATORY	51,930,250	.179654	.179654
49	RESPIRATORY THERAPY	7,372,786	.311691	.311691
50	PHYSICAL THERAPY	7,264,691	.466025	.466025
53	ELECTROCARDIOLOGY	12,845,181	.119986	.119986
54	ELECTROENCEPHALOGRAPHY	315,434	.578108	.578108
55	MEDICAL SUPPLIES CHARGED	76,071,765	.172378	.172378
56	DRUGS CHARGED TO PATIENTS	27,135,293	.297594	.297594
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	13,375,638	.531351	.531351
62	OBSERVATION BEDS (NON-DIS	2,556,398	1.091563	1.091563
63	50 RURAL HEALTH CLINIC	1,328,563	1.440127	1.440127
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	354,969,173		
102	LESS OBSERVATION BEDS	2,556,398		
103	TOTAL	352,412,775		





TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM	568,661	1,837,071	48,859,604	11,724,543	.011639	136,462
38	SAME DAY SURGERY						
39	RECOVERY ROOM	84,965	77,452	6,070,277	1,375,962	.013997	19,259
40	DELIVERY ROOM & LABOR ROO	208,482	371,766	6,712,643	17,454	.031058	542
41	ANESTHESIOLOGY	19,639	48,621	7,150,124	2,027,494	.002747	5,570
41	RADIOLOGY-DIAGNOSTIC	284,174	2,152,673	39,358,551	5,903,730	.007220	42,625
41	01 MAMMOGRAPHY	7,446	373,777	2,673,893		.002785	
41	02 ONCOLOGY	48,843	858,973	10,419,490	34,844	.004688	163
41	03 CARDIAC CATHETERIZATION L	275,940	560,515	25,207,111	4,415,473	.010947	48,336
43	RADIOISOTOPE	47,613	368,421	8,321,481	1,116,333	.005722	6,388
44	LABORATORY	165,011	548,104	51,930,250	14,642,470	.003178	46,534
49	RESPIRATORY THERAPY	47,279	195,359	7,372,786	4,248,806	.006413	27,248
50	PHYSICAL THERAPY	73,842	190,283	7,264,691	972,807	.010165	9,889
53	ELECTROCARDIOLOGY	42,430	281,606	12,845,181	3,147,228	.003303	10,395
54	ELECTROENCEPHALOGRAPHY	18,290	30,745	315,434	43,722	.057984	2,535
55	MEDICAL SUPPLIES CHARGED	84,295	98,314	76,071,765	22,571,502	.001108	25,009
56	DRUGS CHARGED TO PATIENTS	85,927	103,203	27,135,293	13,287,465	.003167	42,081
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY	197,498	447,753	13,375,638	1,949,408	.014766	28,785
62	OBSERVATION BEDS (NON-DIS	136,019	160,519	2,556,398	258,810	.053207	13,771
63	50 RURAL HEALTH CLINIC						
63	OTHER REIMBURS COST CNTRS						
101	TOTAL	2,396,354	8,705,155	353,640,610	87,738,051		465,592

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.037599	440,831
37 01	SAME DAY SURGERY		
38	RECOVERY ROOM	.012759	17,556
39	DELIVERY ROOM & LABOR ROO	.055383	967
40	ANESTHESIOLOGY	.006800	13,787
41	RADIOLOGY-DIAGNOSTIC	.054694	322,899
41 01	MAMMOGRAPHY	.139788	
41 02	ONCOLOGY	.082439	2,873
41 03	CARDIAC CATHETERIZATION L	.022236	98,182
43	RADIOISOTOPE	.044273	49,423
44	LABORATORY	.010555	154,551
49	RESPIRATORY THERAPY	.026497	112,581
50	PHYSICAL THERAPY	.026193	25,481
53	ELECTROCARDIOLOGY	.021923	68,997
54	ELECTROENCEPHALOGRAPHY	.097469	4,262
55	MEDICAL SUPPLIES CHARGED	.001292	29,162
56	DRUGS CHARGED TO PATIENTS	.003803	50,532
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.033475	65,256
62	OBSERVATION BEDS (NON-DIS	.062791	16,251
63 50	RURAL HEALTH CLINIC		
63	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,473,591

PPS



TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.386678	.386678			
37 01	SAME DAY SURGERY					
38	RECOVERY ROOM	.222163	.222163			
39	DELIVERY ROOM & LABOR ROOM	.865998	.865998			
40	ANESTHESIOLOGY	.096076	.096076			
41	RADIOLOGY-DIAGNOSTIC	.207897	.207897			
41 01	MAMMOGRAPHY	.473345	.473345			
41 02	ONCOLOGY	.327846	.327846			
41 03	CARDIAC CATHETERIZATION LABORATORY	.770955	.770955			
43	RADIOISOTOPE	.238985	.238985			
44	LABORATORY	.179654	.179654			
49	RESPIRATORY THERAPY	.311691	.311691			
50	PHYSICAL THERAPY	.466025	.466025			
53	ELECTROCARDIOLOGY	.119986	.119986			
54	ELECTROENCEPHALOGRAPHY	.578108	.578108			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.172378	.172378			
56	DRUGS CHARGED TO PATIENTS	.297594	.297594			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	.531351	.531351			
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.091563	1.091563			
63 50	RURAL HEALTH CLINIC					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

		All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		4,628,766		1,542,922	
37	01 SAME DAY SURGERY					
38	RECOVERY ROOM		1,902,054		634,018	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		499,889		166,629	
41	RADIOLOGY-DIAGNOSTIC		5,909,054		1,969,684	
41	01 MAMMOGRAPHY					
41	02 ONCOLOGY		3,569,121		1,189,707	
41	03 CARDIAC CATHETERIZATION LABORATORY		5,586,166		1,862,055	
43	RADIOISOTOPE		1,838,564		612,855	
44	LABORATORY		750,803		250,267	
49	RESPIRATORY THERAPY		190,331		63,444	
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY		2,276,413		758,804	
54	ELECTROENCEPHALOGRAPHY		18,542		6,181	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		14,018,596		4,672,865	
56	DRUGS CHARGED TO PATIENTS		2,152,810		717,603	
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY		1,880,924		626,974	
62	OBSERVATION BEDS (NON-DISTINCT PART)		1,003,782		334,594	
63	50 RURAL HEALTH CLINIC					
101	SUBTOTAL		46,225,815		15,408,602	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		46,225,815		15,408,602	

TITLE XVIII, PART B

HOSPITAL

		Outpatient Radiology	Other Outpatient Diagnostic	All other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,789,842	
37	01 SAME DAY SURGERY					
38	RECOVERY ROOM				422,566	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				48,027	
41	RADIOLOGY-DIAGNOSTIC				1,228,475	
41	01 MAMMOGRAPHY					
41	02 ONCOLOGY				1,170,122	
41	03 CARDIAC CATHETERIZATION LABORATORY				4,306,683	
43	RADIOISOTOPE				439,389	
44	LABORATORY				134,885	
49	RESPIRATORY THERAPY				59,324	
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY				273,138	
54	ELECTROENCEPHALOGRAPHY				10,719	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				2,416,498	
56	DRUGS CHARGED TO PATIENTS				640,663	
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY				999,431	
62	OBSERVATION BEDS (NON-DISTINCT PART)				1,095,691	
63	50 RURAL HEALTH CLINIC					
101	SUBTOTAL				15,035,453	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				15,035,453	

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P  
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	596,614		
37 01 SAME DAY SURGERY			
38 RECOVERY ROOM	140,855		
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY	16,009		
41 RADIOLOGY-DIAGNOSTIC	409,491		
41 01 MAMMOGRAPHY			
41 02 ONCOLOGY	390,041		
41 03 CARDIAC CATHETERIZATION LABORATORY	1,435,561		
43 RADIOISOTOPE	146,463		
44 LABORATORY	44,961		
49 RESPIRATORY THERAPY	19,775		
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY	91,046		
54 ELECTROENCEPHALOGRAPHY	3,573		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	805,499		
56 DRUGS CHARGED TO PATIENTS	213,554		
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY	333,143		
62 OBSERVATION BEDS (NON-DISTINCT PART)	365,230		
63 50 RURAL HEALTH CLINIC			
101 SUBTOTAL	5,011,815		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES	5,011,815		

TITLE XVIII PART A                      HOSPITAL                      PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	29,652
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	29,652
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,652
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	13,271
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	26,234,390
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	26,234,390

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,672,301
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,672,301
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.918798
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	461.09
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	26,234,390

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 884.74  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 11,741,385  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 11,741,385

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	5,377,060	3,441	1,562.64	1,876	2,931,513
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 NEONATAL INTENSIVE CARE UNIT	3,207,065	2,296	1,396.81		
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 23,956,085
49 TOTAL PROGRAM INPATIENT COSTS					38,628,983

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,455,468  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 1,939,183  
 52 TOTAL PROGRAM EXCLUDABLE COST 3,394,651  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 35,234,332

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS







## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/19/2008
I	14-0164	I	FROM 4/ 1/2007	I	WORKSHEET E
I	COMPONENT NO:	I	TO 3/31/2008	I	PART A
I	14-0164	I		I	

## PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

## HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	13,549,443	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6,709,288	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	7,557,895	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97	616,650	
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)		
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	136.75	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	5.17	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06		
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	5.17	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	15.88	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	5.17	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	5.17	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	5.17	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	5.17	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.037806	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.038211	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	.037806	
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	270,840	
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	137,158	
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	154,506	
SUM OF LINES 3.21 - 3.23 PLUS E-3, PT VI, LINE 23		
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	562,504	374,968
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	5.80	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	28.38	
4.02 SUM OF LINES 4 AND 4.01	34.18	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	17.41	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,842,875	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.	3,450	
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317	484	
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	14.03	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.	2,498	
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	.737308	
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT	119,547	
6 SUBTOTAL (SEE INSTRUCTIONS)	34,333,170	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	34,333,170	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,546,651	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	329,797	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	37,209,618	
17 PRIMARY PAYER PAYMENTS	8,648	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	37,200,970	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,318,296	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	76,104	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	621,227	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	434,859	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	35,241,429	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	35,241,429	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	35,139,952	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	101,477	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	15,035,453	5,011,815
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	11,644,833	3,881,611
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.872	.872
1.04	LINE 1.01 TIMES LINE 1.03.	13,110,915	4,370,303
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	88.82	88.82
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)		
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES		
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES		
	CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUCTIONS)		
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	15,526,444	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,644,233	
19	SUBTOTAL (SEE INSTRUCTIONS)	11,882,211	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	173,381	
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	12,055,592	
24	PRIMARY PAYER PAYMENTS	421	
25	SUBTOTAL	12,055,171	
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	650,050	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	455,035	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
28	SUBTOTAL	12,510,206	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	12,510,206	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	12,391,577	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	118,629	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	5,835	

TITLE XVIII

HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		35,139,952		12,391,577
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		NONE		NONE
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		35,139,952		12,391,577
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROGRAM				
TENTATIVE TO PROGRAM				
TENTATIVE TO PROGRAM				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	15.80
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	15.80
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	15.88
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	15.80
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	15.88
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	15.88
3.10	SEE INSTRUCTIONS	15.80
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.12	SEE INSTRUCTIONS	
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	
3.18	SEE INSTRUCTIONS	
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	15.03
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	14.05
3.21	SEE INSTRUCTIONS	RES INIT YEARS
3.22	SEE INSTRUCTIONS	14.96
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	71,579.95
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	1,070,836
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	1,070,836

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	15,147
5	TOTAL INPATIENT DAYS	32,235
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	503,178
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)	503,178
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.	32,235
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)	100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.	
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORING YEAR (SEE INSTRUCTIONS)	
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3, 6 LN 12

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XVIII

10 MEDICARE OUTPATIENT ESRD CHARGES  
 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST	
12 REASONABLE COST (SEE INSTRUCTIONS)	38,628,983
13 ORGAN ACQUISITION COSTS	
14 COST OF TEACHING PHYSICIANS	
15 PRIMARY PAYER PAYMENTS	8,648
16 TOTAL PART A REASONABLE COST	38,620,335
PART B REASONABLE COST	
17 REASONABLE COST	20,303,833
18 PRIMARY PAYER PAYMENTS	421
19 TOTAL PART B REASONABLE COST	20,303,412
20 TOTAL REASONABLE COST	58,923,747
21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.655429
22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.344571

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23 TOTAL PROGRAM GME PAYMENT	
23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97	503,178
(SUM OF LINES 6.01, 6.05, & 6.08)	
24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	329,797
25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	173,381

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

- |                                                                                            | COLUMN 1 | COLUMN 1.01 |
|--------------------------------------------------------------------------------------------|----------|-------------|
| 1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD. | 1.000000 |             |
| 2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)                                            |          |             |
| 3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)            |          |             |
| 4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)                                   |          |             |

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 \* LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5] )

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

- 13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)
- 14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)
- 15 PRORATED REDUCED ALLOWABLE IME FTE CAP

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- |                                                                                                                                                               |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).                                             | 7.00       |
| 17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)                                                                                                         | 10.71      |
| 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005) | 7.00       |
| 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)                                                                                         | .051188    |
| 20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)                                                                                                                   | .013480    |
| 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.                                                                                   | 27,816,626 |
| 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005                                                                           |            |
| 23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA                                                                                                 | 374,968    |

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,890,985			
2	TEMPORARY INVESTMENTS	83,728			
3	NOTES RECEIVABLE	199,255			
4	ACCOUNTS RECEIVABLE	102,335,945			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-65,195,611			
7	INVENTORY	2,263,112			
8	PREPAID EXPENSES	523,509			
9	OTHER CURRENT ASSETS	6,133,305			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	48,234,228			
FIXED ASSETS					
12	LAND	2,676,565			
12.01					
13	LAND IMPROVEMENTS	2,741,156			
13.01	LESS ACCUMULATED DEPRECIATION	-2,086,132			
14	BUILDINGS	93,153,232			
14.01	LESS ACCUMULATED DEPRECIATION	-41,119,602			
15	LEASEHOLD IMPROVEMENTS	25,520			
15.01	LESS ACCUMULATED DEPRECIATION	-3,970			
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS	113,558			
17.01	LESS ACCUMULATED DEPRECIATION	-53,726			
18	MAJOR MOVABLE EQUIPMENT	46,401,180			
18.01	LESS ACCUMULATED DEPRECIATION	-29,016,625			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	2,613,485			
21	TOTAL FIXED ASSETS	75,444,641			
OTHER ASSETS					
22	INVESTMENTS	128,283,328			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	969,689			
26	TOTAL OTHER ASSETS	129,253,017			
27	TOTAL ASSETS	252,931,886			



	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	7,490,636			
29 SALARIES, WAGES & FEES PAYABLE	5,802,260			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	7,943,491			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	4,652,062			
35 OTHER CURRENT LIABILITIES	7,202,363			
36 TOTAL CURRENT LIABILITIES	33,090,812			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	75,525,080			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	3,114,152			
42 TOTAL LONG-TERM LIABILITIES	78,639,232			
43 TOTAL LIABILITIES	111,730,044			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	141,201,842			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	141,201,842			
52 TOTAL LIABILITIES AND FUND BALANCES	252,931,886			

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2 3 4
1 FUND BALANCE AT BEGINNING		136,620,935
2 OF PERIOD		
3 NET INCOME (LOSS)		4,580,907
4 TOTAL		141,201,842
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		141,201,842
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		141,201,842
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6 7 8
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	21,914,099		21,914,099
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	21,914,099		21,914,099
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,334,390		4,334,390
14 00 NEONATAL INTENSIVE CARE UNIT	5,467,308		5,467,308
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	9,801,698		9,801,698
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	31,715,797		31,715,797
17 00 ANCILLARY SERVICES	158,322,575	201,275,239	359,597,814
18 00 OUTPATIENT SERVICES			
18 50 RURAL HEALTH CLINIC		1,328,563	1,328,563
24 00			
25 00 TOTAL PATIENT REVENUES	190,038,372	202,603,802	392,642,174

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	138,332,821
ADD (SPECIFY)	
27 00	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	138,332,821

DESCRIPTION

1	TOTAL PATIENT REVENUES	392,642,174
2	LESS: ALLOWANCES AND DISCOUNTS ON	230,829,434
3	NET PATIENT REVENUES	161,812,740
4	LESS: TOTAL OPERATING EXPENSES	138,332,821
5	NET INCOME FROM SERVICE TO PATIENT	23,479,919
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	55,097
7	INCOME FROM INVESTMENTS	2,205,351
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	26,490
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	538,186
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	3,773
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	92,111
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	25,308
22	RENTAL OF HOSPITAL SPACE	544,583
23	GOVERNMENTAL APPROPRIATIONS	828,176
24	MISCELLANEOUS INCOME, BIO MED CONT	6,644
25	TOTAL OTHER INCOME	4,325,719
26	TOTAL	27,805,638
	OTHER EXPENSES	
27	LOSS ON DISPOSAL OF EQUIPMENT	70,254
28	CORPORATE ALLOCATION	20,348,650
29	CONTRIBUTIONS TO AFFILIATES	2,805,827
30	TOTAL OTHER EXPENSES	23,224,731
31	NET INCOME (OR LOSS) FOR THE PERIO	4,580,907

## CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/19/2008
I	14-0164	I	FROM 4/ 1/2007	I	WORKSHEET L
I	COMPONENT NO:	I	TO 3/31/2008	I	PARTS I-IV
I	14-0164	I		I	

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

## PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,384,211
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	67,548
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	88.07
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	12.17
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	3.98
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	94,892
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,546,651

## PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

## PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

## PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/  
FEDERALLY QUALIFIED HEALTH CENTER COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/19/2008  
I 14-0164 I FROM 4/ 1/2007 I WORKSHEET M-1  
I COMPONENT NO: I TO 3/31/2008 I  
I 14-3454 I I

## RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
1 FACILITY HEALTH CARE STAFF COSTS				
2 PHYSICIAN				
3 PHYSICIAN ASSISTANT				
4 NURSE PRACTITIONER				
5 VISITING NURSE				
6 OTHER NURSE	106,288		106,288	
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 LABORATORY TECHNICIAN				
10 OTHER FACILITY HEALTH CARE STAFF COSTS				
10 SUBTOTAL (SUM OF LINES 1-9)	106,288		106,288	
11 COSTS UNDER AGREEMENT				
12 PHYSICIAN SERVICES UNDER AGREEMENT	589,720		589,720	
13 PHYSICIAN SUPERVISION UNDER AGREEMENT				
14 OTHER COSTS UNDER AGREEMENT	180,359		180,359	
14 SUBTOTAL (SUM OF LINES 11-13)	770,079		770,079	
15 OTHER HEALTH CARE COSTS				
16 MEDICAL SUPPLIES		13,957	13,957	
17 TRANSPORTATION (HEALTH CARE STAFF)				
18 DEPRECIATION-MEDICAL EQUIPMENT				
19 PROFESSIONAL LIABILITY INSURANCE				
20 OTHER HEALTH CARE COSTS				
21 ALLOWABLE GME COSTS				
21 SUBTOTAL (SUM OF LINES 15-20)		13,957	13,957	
22 TOTAL COST OF HEALTH CARE SERVICES	876,367	13,957	890,324	
22 (SUM OF LINES 10, 14, AND 21)				
23 COSTS OTHER THAN RHC/FQHC SERVICES				
24 PHARMACY		26,194	26,194	
25 DENTAL		3,689	3,689	
26 OPTOMETRY				
27 ALL OTHER NONREIMBURSABLE COSTS				
28 NONALLOWABLE GME COSTS				
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		29,883	29,883	
29 FACILITY OVERHEAD				
30 FACILITY COSTS		99,680	99,680	
31 ADMINISTRATIVE COSTS	219,256	173,961	393,217	
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	219,256	273,641	492,897	
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,095,623	317,481	1,413,104	

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
1 FACILITY HEALTH CARE STAFF COSTS			
2 PHYSICIAN			
3 PHYSICIAN ASSISTANT			
4 NURSE PRACTITIONER			
5 VISITING NURSE			
6 OTHER NURSE	106,288		106,288
7 CLINICAL PSYCHOLOGIST			
8 CLINICAL SOCIAL WORKER			
9 LABORATORY TECHNICIAN			
10 OTHER FACILITY HEALTH CARE STAFF COSTS			
10 SUBTOTAL (SUM OF LINES 1-9)	106,288		106,288
11 COSTS UNDER AGREEMENT			
12 PHYSICIAN SERVICES UNDER AGREEMENT	589,720		589,720
13 PHYSICIAN SUPERVISION UNDER AGREEMENT			
14 OTHER COSTS UNDER AGREEMENT	180,359		180,359
14 SUBTOTAL (SUM OF LINES 11-13)	770,079		770,079
15 OTHER HEALTH CARE COSTS			
16 MEDICAL SUPPLIES	13,957		13,957
17 TRANSPORTATION (HEALTH CARE STAFF)			
18 DEPRECIATION-MEDICAL EQUIPMENT			
19 PROFESSIONAL LIABILITY INSURANCE			
20 OTHER HEALTH CARE COSTS			
21 ALLOWABLE GME COSTS		8,991	8,991
22 SUBTOTAL (SUM OF LINES 15-20)	13,957	8,991	22,948
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	890,324	8,991	890,324
23 COSTS OTHER THAN RHC/FQHC SERVICES			
24 PHARMACY	26,194		26,194
25 DENTAL	3,689		3,689
26 OPTOMETRY			
27 ALL OTHER NONREIMBURSABLE COSTS			
28 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)	29,883		29,883
29 FACILITY OVERHEAD			
30 FACILITY COSTS	99,680		99,680
31 ADMINISTRATIVE COSTS	393,217		393,217
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	492,897		492,897
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,413,104	8,991	1,413,104

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

I PROVIDER NO: I PERIOD: I PREPARED 8/19/2008  
I 14-0164 I FROM 4/ 1/2007 I WORKSHEET M-2  
I COMPONENT NO: I TO 3/31/2008 I  
I 14-3454 I I

RHC 1

## VISITS AND PRODUCTIVITY

NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
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1	POSITIONS		
2	PHYSICIANS		4,200
3	PHYSICIAN ASSISTANTS		2,100
4	NURSE PRACTITIONERS		2,100
5	SUBTOTAL (SUM OF LINES 1-3)		
6	VISITING NURSE		
7	CLINICAL PSYCHOLOGIST		
8	CLINICAL SOCIAL WORKER		
9	TOTAL FTES AND VISITS (SUM OF LINES 4-7)		
10	PHYSICIAN SERVICES UNDER AGREEMENTS	14,077	
11	DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES		
12	TOTAL COSTS OF HEALTH CARE SERVICES	890,324	
13	(FROM WORKSHEET M-1, COLUMN 7, LINE 22)		
14	TOTAL NONREIMBURSABLE COSTS	29,883	
15	(FROM WORKSHEET M-1, COLUMN 7, LINE 28)		
16	COST OF ALL SERVICES (EXCLUDING OVERHEAD)	920,207	
17	(SUM OF LINES 10 AND 11)		
18	RATIO OF RHC/FQHC SERVICES	.967526	
19	(LINE 10 DIVIDED BY LINE 12)		
20	TOTAL FACILITY OVERHEAD	492,897	
21	(FROM WORKSHEET M-1, COLUMN 7, LINE 31)		
22	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY	500,196	
23	(SEE INSTRUCTIONS)		
24	TOTAL OVERHEAD	993,093	
25	(SUM OF LINES 14 AND 15)		
26	ALLOWABLE GME OVERHEAD	164,798	
27	(SEE INSTRUCTIONS)		
28	SUBTRACT LINE 17 FROM LINE 16	828,295	
29	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES	801,397	
30	(LINE 13 X LINE 18)		
31	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	1,691,721	
32	(SUM OF LINES 10 AND 19)		

GREATER OF  
COL. 2 OR  
COL. 4  
5

1	POSITIONS	
2	PHYSICIANS	
3	PHYSICIAN ASSISTANTS	
4	NURSE PRACTITIONERS	
5	SUBTOTAL (SUM OF LINES 1-3)	
6	VISITING NURSE	
7	CLINICAL PSYCHOLOGIST	
8	CLINICAL SOCIAL WORKER	
9	TOTAL FTES AND VISITS (SUM OF LINES 4-7)	
10	PHYSICIAN SERVICES UNDER AGREEMENTS	14,077

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.



TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	1,691,721
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	40,819
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	1,650,902
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	14,077
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	14,077
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	117.28

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	74.29 75.63
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	74.29 75.63
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	2,483 828
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	184,462 62,622
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	9,481
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	256,565
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	24,836
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	231,729
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	185,383
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	9,117
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	194,500
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	194,500
25	INTERIM PAYMENTS	155,040
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	39,460
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, CHAPTER I, SECTION 115.2	

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

\* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

TITLE XVIII RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	106,288	106,288
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.027183	.114168
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	2,889	12,135
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	1,464	2,808
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	4,353	14,943
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	890,324	890,324
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	993,093	993,093
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.004889	.016784
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	4,855	16,668
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	9,208	31,611
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	50	210
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	184.16	150.53
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	7	52
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	1,289	7,828
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10)(TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		40,819
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14)(TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		9,117

